

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

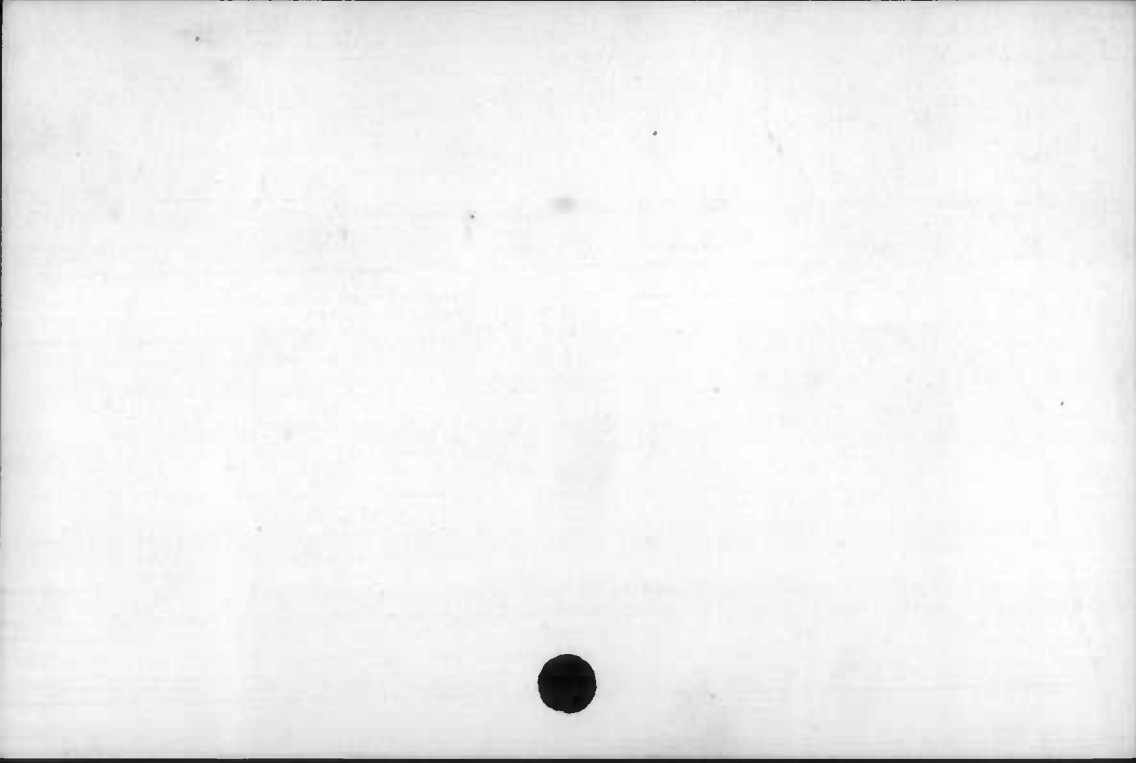
Died at <i>Darlington</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>9</i>	Age <i>18</i> Years	Months <i>2</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Co. Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Herbert Aikens</i>			
Father's Name <i>Benj. Dorsey</i>			Father's Birthplace <i>Harford Co. Md</i>		
Mother's Maiden Name <i>Elizabeth Harris</i>			Mother's Birthplace <i>Harford Co. Md</i>		
Name of person giving information <i>Herbert Aikens</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>Ten weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>J</i>	Signature of Physician <i>J. H. Tobias</i>
	Address <i>Darlington, Md.</i>
Accident or Suicide?	



Name
in
Full

J. Burton Anderson

CERTIFICATE OF DEATH

Died at <u>Roole</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>18</u>	Age <u>33</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Harford Co</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Roole</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Cooper</u>				
Father's Name <u>E. L. Anderson</u>	Father's Birthplace <u>New Jersey</u>				
Mother's Maiden Name <u>Ann M. Singleton</u>	Mother's Birthplace <u>Harford Co Md</u>				
Name of person giving information <u>Wm. Anderson</u>	How related to deceased <u>Brother</u>				

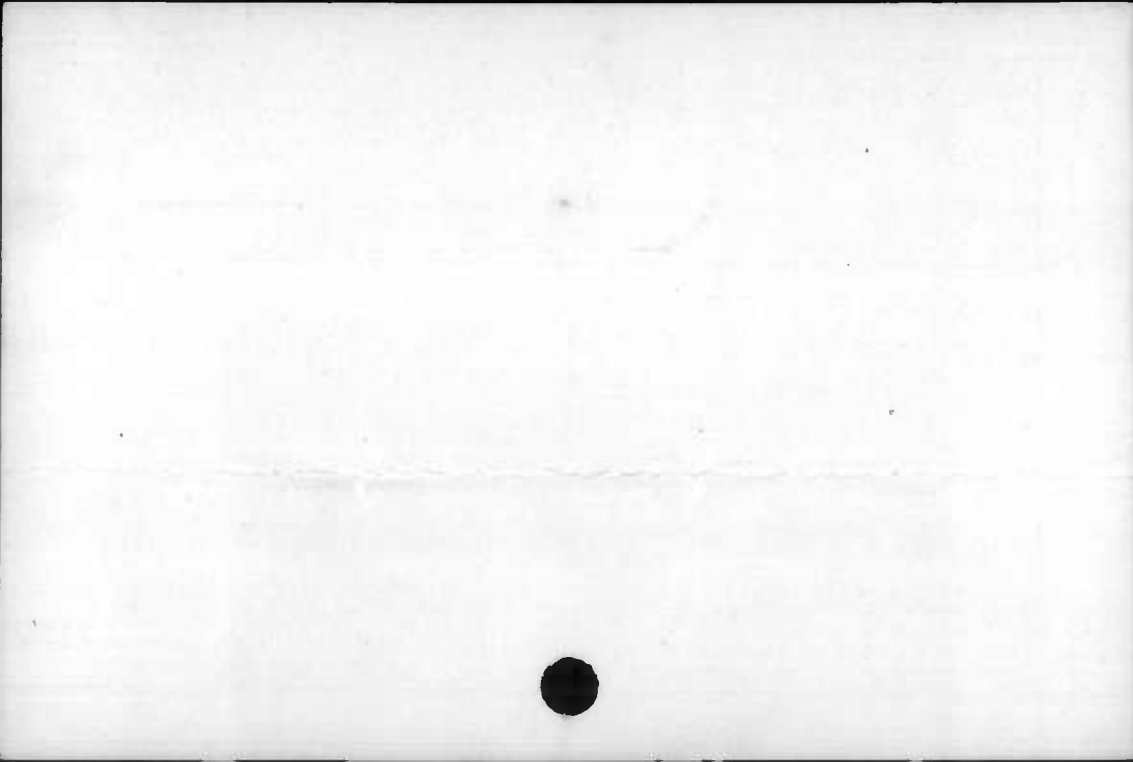
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

93

Primary	<u>Pneumonia following debauch</u>	How long <u>one week</u>
Immediate	<u>Congestion & filling of lungs</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Eph^m. Hopkins</u>
		Address <u>Darlington Md</u>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Rosie Denora Jane Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

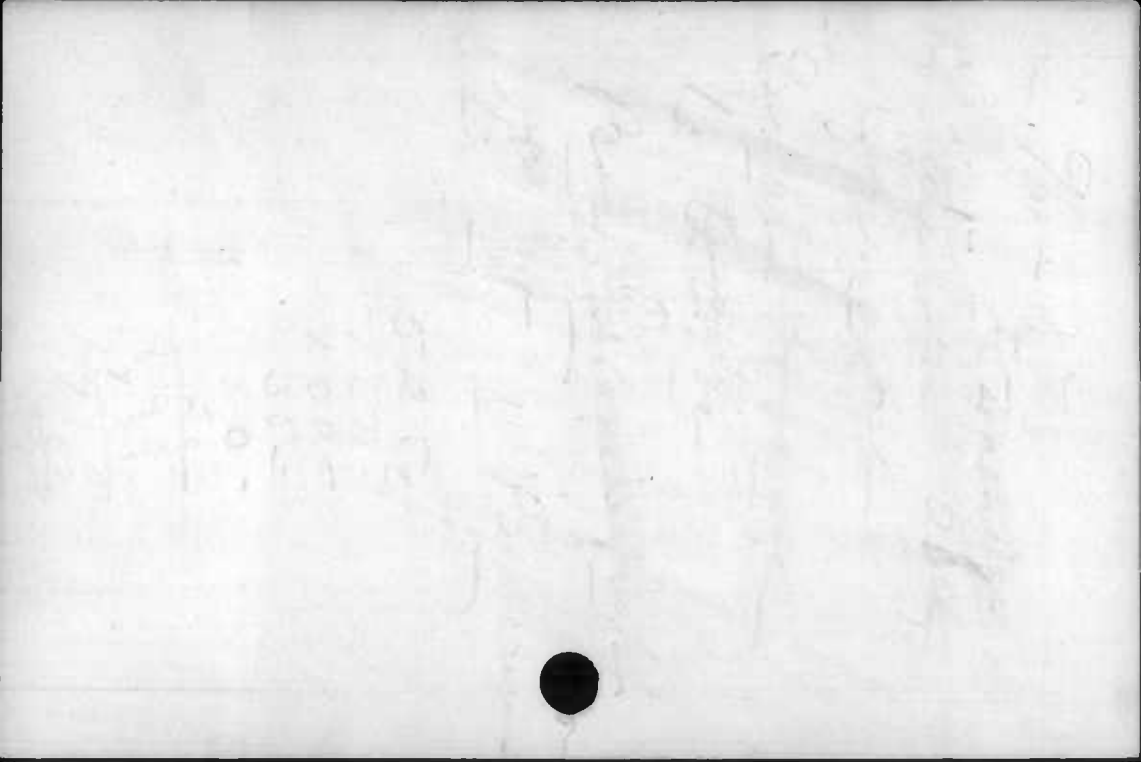
Died at <u>Minkaville</u> ^{Town}		<u>St. Anne's</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Month}	<u>02</u> ^{Day}	<u>1</u> ^{Year}	<u>1</u> ^{Months}	<u>3</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Md</u>
Occupation	<u>Where Residing if not at place of death</u>				
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband	<u>—</u>		
Father's Name	<u>Clarence H. Banks</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Martina L. Holland</u>			Mother's Birthplace	<u>11.</u>
Name of person giving information	<u>Charlotte B. Holland</u>			How related to deceased	<u>Grandmother</u>

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<u>Congestive Ling</u>	How long	<u>3 day</u>
Immediate	<u>..</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. H. Otter</u>
		Address	<u>Princeton</u>
Accident or Suicide?			<u>Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John William Barton Town *White Hall* County *Harford* MARYLAND

Died at *White Hall* *Harford*

Date of death 190 *9* April *18* Age *76* Months *9* Days

Sex *Male* Color or Race *White* Birth-place *Dublin*

Occupation *Dentist* Where Residing if not at place of death *White Hall*

Married, Single ~~or Widowed~~ Name of Wife or Husband *Anna Eliza Barton*

Father's Name *John Barton* Father's Birthplace *Md.*

Mother's Maiden Name *Maria Haritey* Mother's Birthplace *Dublin*

Name of person giving Information *Wife* How related to deceased *!*

CAUSES OF DEATH

123

Primary *Chronic Cystitis* How long *6 years*

Immediate

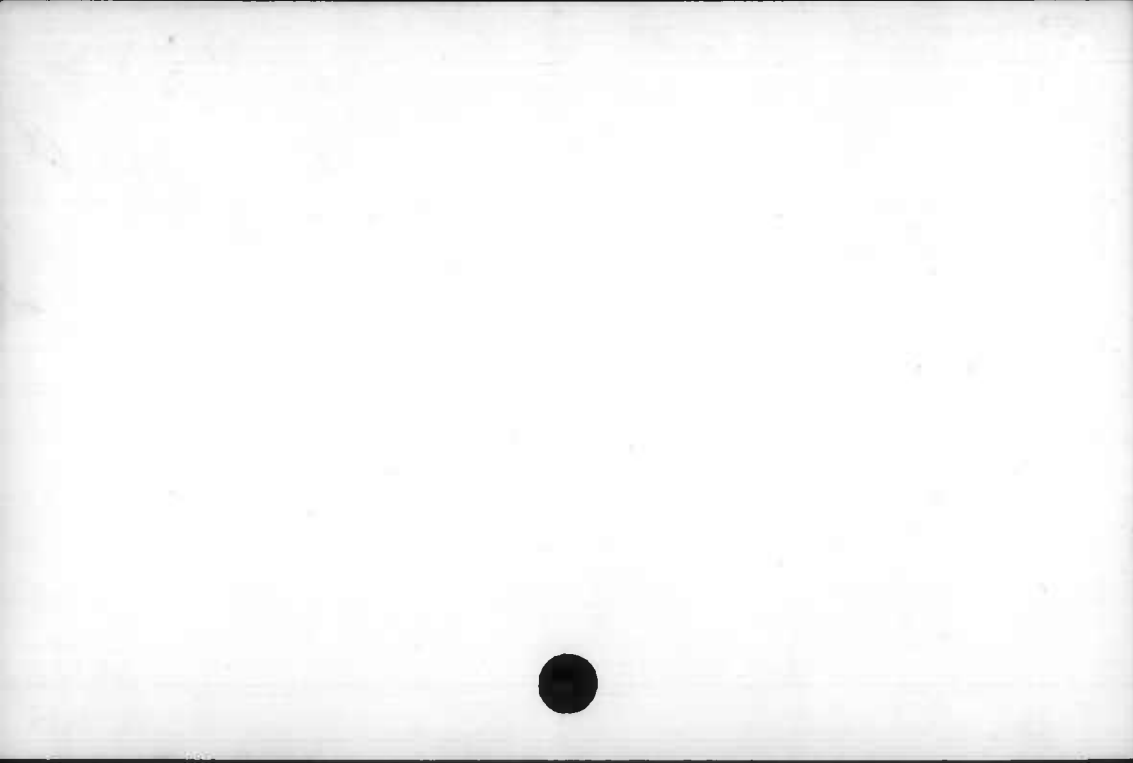
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. T. Turner
White Hall
Inda

Accident or Suicide



Name
in
Full

Lewis Beems-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Churchville</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>4</i>	Day <i>12</i>	Age <i>60</i>	Years <i>0</i> Months <i>28</i> Days
Sex <i>Male</i>	Color or Race <i>Negro-</i>		Birth-place <i>Virginia</i>		
Occupation <i>Farm hand</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Beems-</i>				
Father's Name <i>Thomas Beems</i>	Father's Birthplace <i>Virginia</i>			Mother's Birthplace <i>Virginia</i>	
Mother's Maiden Name <i>Thomas</i>	How related to deceased <i>None</i>				
Name of person giving information <i>W. S. Gorsuch, M.D.</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>heart failure -</i>	How long <i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes-</i>	Signature of Physician <i>W. S. Gorsuch, M.D.</i>
	Address <i>Churchville, Md.</i>
Accident or Suicide?	



Name
in
Full

David O. Botts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

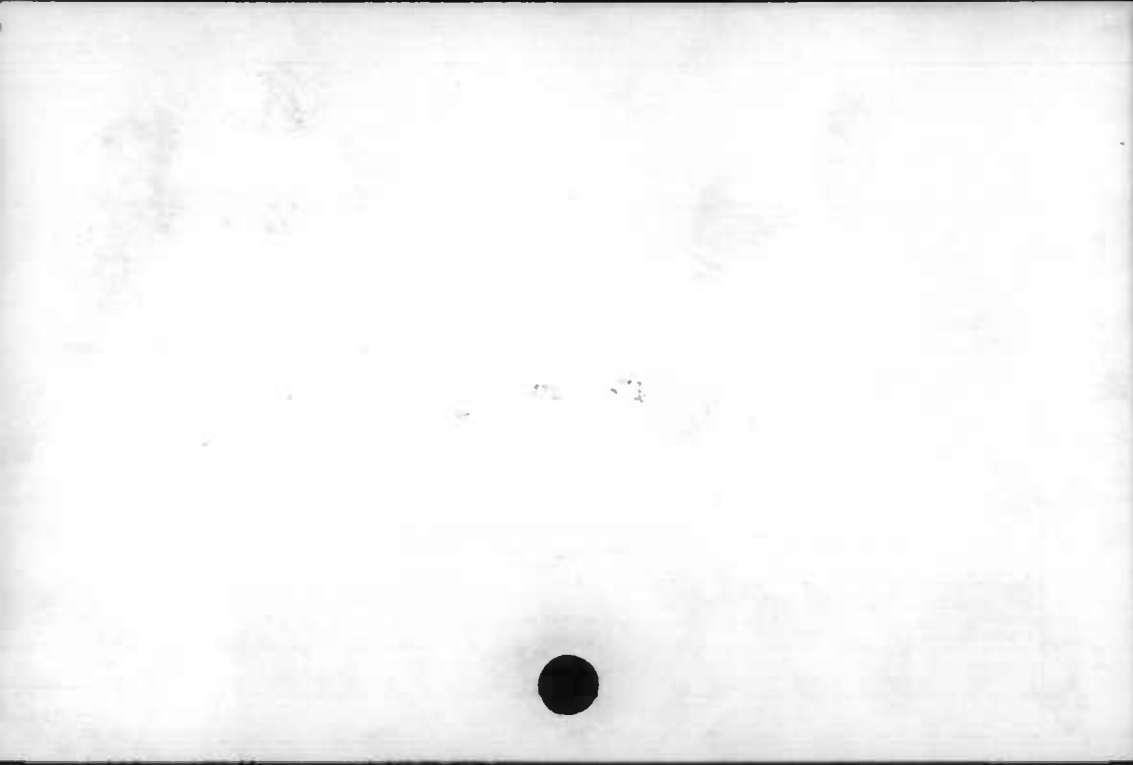
Died at <i>Darlington</i>		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month	April	Day	14 th
Age	55	Months	7	Days	1
Sex	male	Color or Race	White	Birth-place	Maryland
Occupation	Dentistry		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah B. Smith		
Father's Name	Isaac H. Botts		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary E. Shindane		Mother's Birthplace	Maryland	
Name of person giving Information	J. P. C. C. Botts		How related to deceased	Sister	

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	<i>Thrombosis, Arterio Sclerosis, Regurgitation</i>	How long	<i>Two years</i>
Immediate	<i>Heart Failure</i>	How long	<i>Two minutes</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	<i>W. B. Smith</i>
		Address	<i>Darlington</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Bel Air ^{County} Harford MARYLANDDate of death 1909 ^{Month} Apr ^{Day} 12 Age ^{Years} 24 ^{Months} ^{Days}

Sex Male Color or Race Black Birth-place Ind

Occupation Laborer Where Residing if not at place of death Bel Air

Married, ~~Single~~ Married Name of Wife or Husband Rebecca Bond

Father's Name Unknown Father's Birthplace

Mother's Maiden Name Mary Chaney Mother's Birthplace Ind

Name of person giving Information Alice A Rice How related to deceased Daughter

CAUSES OF DEATH

93

Primary Arterio Sclerosis

How long

Immediate Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. S. Poy

Address

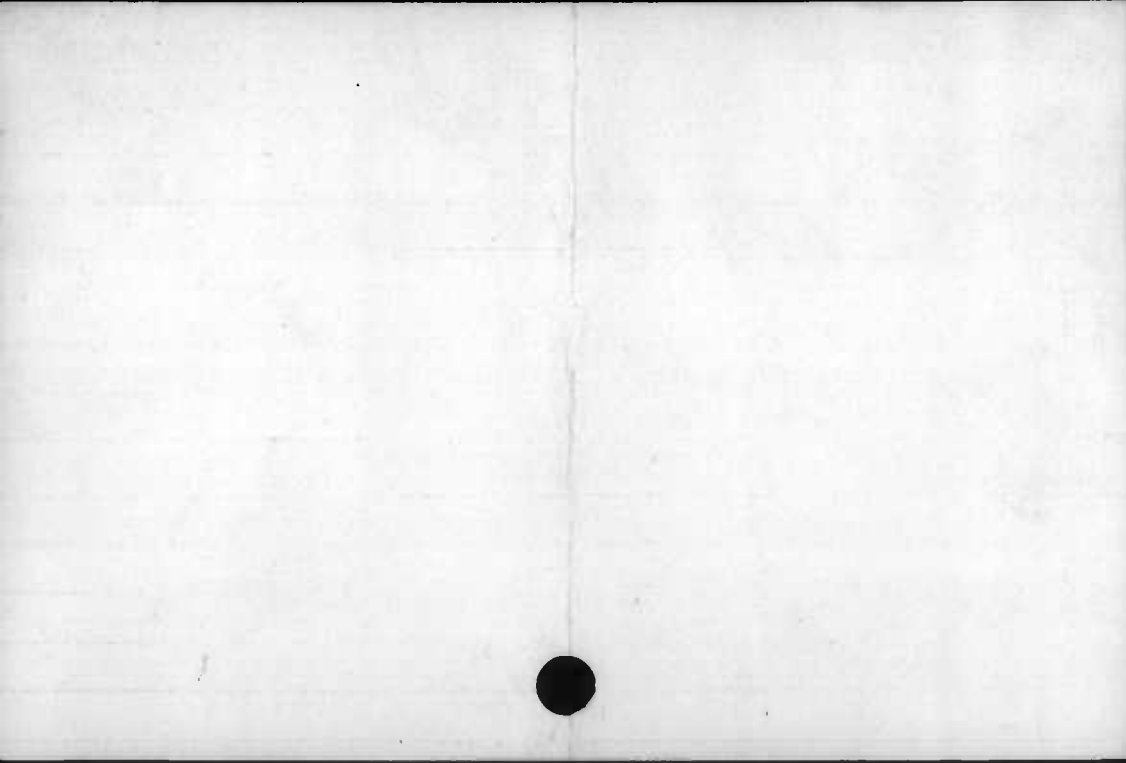
Bel Air

Accident or Suicide

PHYSICIAN
OR CORONER

February

Name in Full Isaac C Coale		CERTIFICATE OF DEATH	
Died at Garland Town		Hanford County	
Date of death 1909 Apr 4		Age 73	
Sex Male		Color or Race White	
Occupation Farmer		Where Residing if not at place of death Same	
Married, Single or Widowed Married		Name of Wife or Husband Mary F De Laney	
Father's Name John W Coale		Father's Birthplace Unknown	
Mother's Maiden Name Cassandra Coale		Mother's Birthplace "	
Name of person giving information W. W. Cooley		How related to deceased Son in law	
		CAUSES OF DEATH	
Primary Drippe		How long 1 week	
Immediate Pneumonia		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J R Hopewell	
		Address Haver de Erone	
Accident or Suicide?		Med	



Name
in
Full

Albert P Cord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

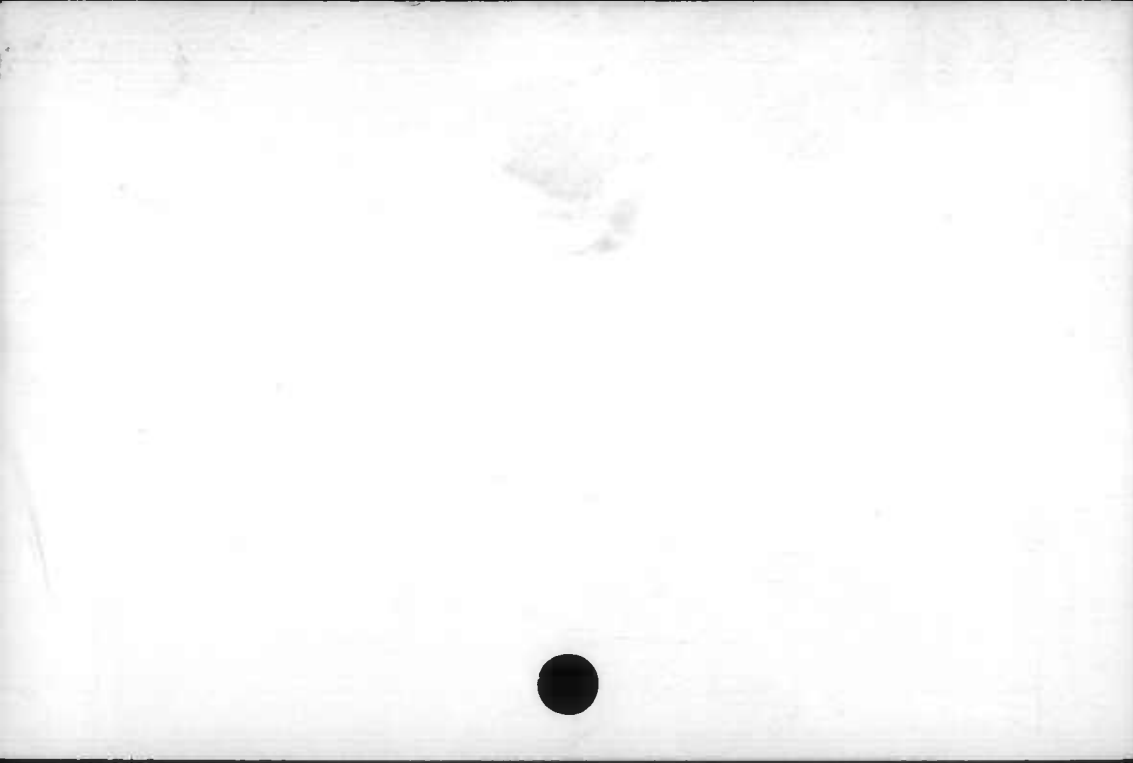
Died at ^{Town} <i>Aldino</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	^{Month} <i>Apr</i>	^{Day} <i>21</i>	^{Years} <i>69</i>	^{Months}	^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Not known</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death	<i>Aldino</i>	
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Mary Dismore</i>		
Father's Name	<i>Thos Cord</i>		Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name	<i>Not known</i>		Mother's Birthplace	<i>Not known</i>	
Name of person giving Information	<i>Thomas Dismore</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

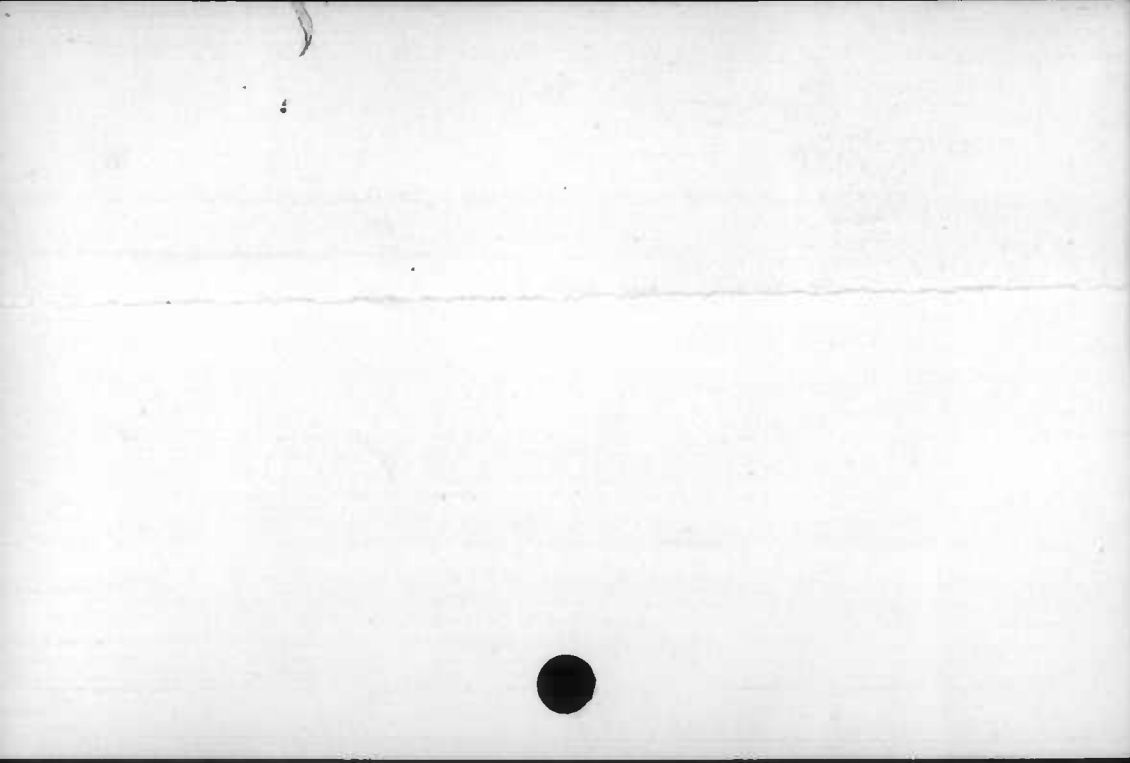
10

PHYSICIAN
OR CORONER

Primary	<i>Grippe</i>	How long	<i>1 week</i>
Immediate	<i>Meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J L Hopkins</i>		
	Address <i>Harford de Seane</i>		
Accident or Suicide	<i>no</i>		



Name In Full		Elizabeth P. Courtney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Near Michaelsville		County Harrison		MARYLAND	
	Date of death	1909	Month Apr	Day 4	Age 70	Months —	Days —
	Sex	Female		Color or Race	White		Birth-place Pennsylvania
	Occupation	Housewife		Where Residing if not at place of death —			
	Married, Single or Widowed	Married		Name of Wife or Husband Geo A Courtney			
	Father's Name	John Taylor				Father's Birthplace	Pennsylvania
	Mother's Maiden Name	Susan Brandt				Mother's Birthplace	" "
Name of person giving information	Mamie Mitchell				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	1 week
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician James A. Kennedy		
					Address Abodun, Ind		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joanna Mabel Curtis

~~4~~

MARYLAND

Died at *Castleton*

Town

Harford

County

Date

Month

Day

Years

Months

Days

of dec

*1909 April**14*Age *30*

Sex

*Female*Color or
Race*White*Birth-
place*Freestone, Cal.*

Occupation

*Fine needle work*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Ezra Manton Curtis*Father's
Birthplace*near Bangor, Me.*Mother's
Maiden Name*Ellen M. Hayes*Mother's
Birthplace*near
Elkton, Md*Name of person giving
In formation*Margaret M. Robinson*How related
to deceased*Sister-in-l.*

CAUSES OF DEATH

48

Primary

Phthisis

How long

6 yrs

Immediate

Heart Failure

How long

*Sudden*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

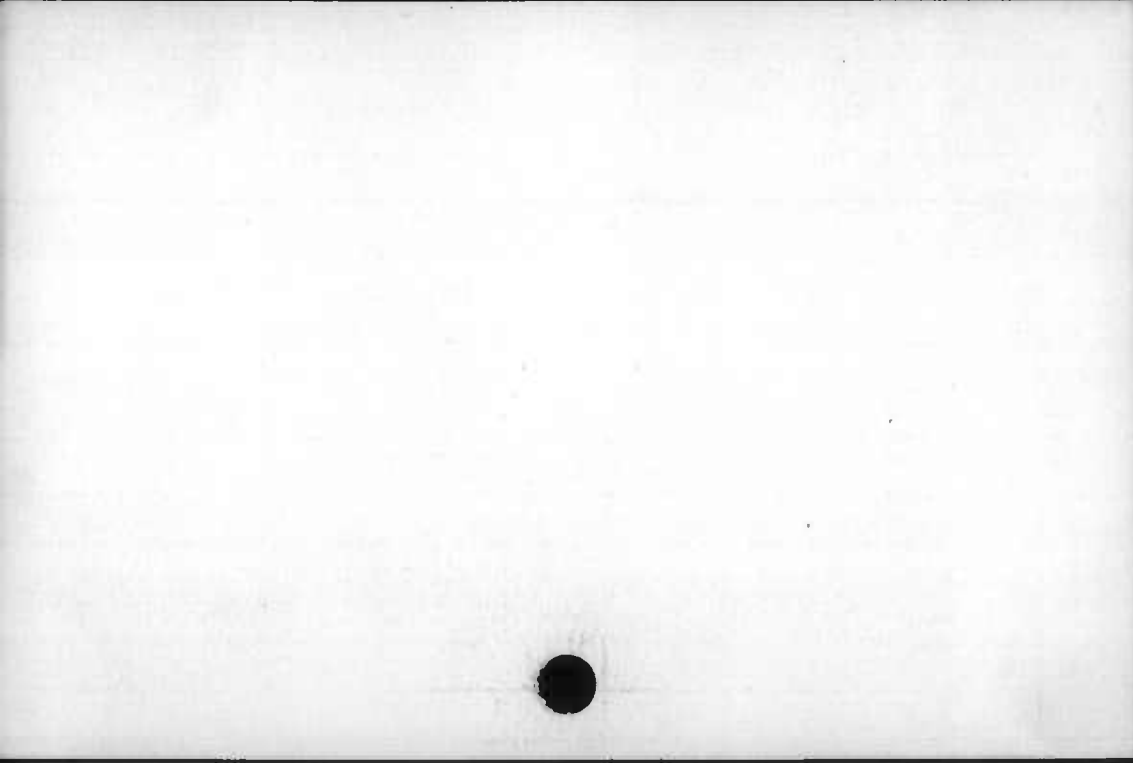
Address

*W. B. Kirk**Darlington**Ed.*

Accident or Suicide?

PHYSICIAN
OR CORONER

6



Name
in
Full

Mary Blanch Doyle

CERTIFICATE OF DEATH

Died at

The Rocks

County

Harford

MARYLAND

Date

of death 1909 April 9

Age

Years

15

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

The Rocks -

Occupation

Had none

Where Residing if not
at place of death

of the Rocks

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Thomas Doyle

Father's
Birthplace

Ind.

Mother's
Maiden Name

Mary E. Greedick

Mother's
Birthplace

Ind.

Name of person giving
Information

Bred Doyle

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis

How long

one year

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

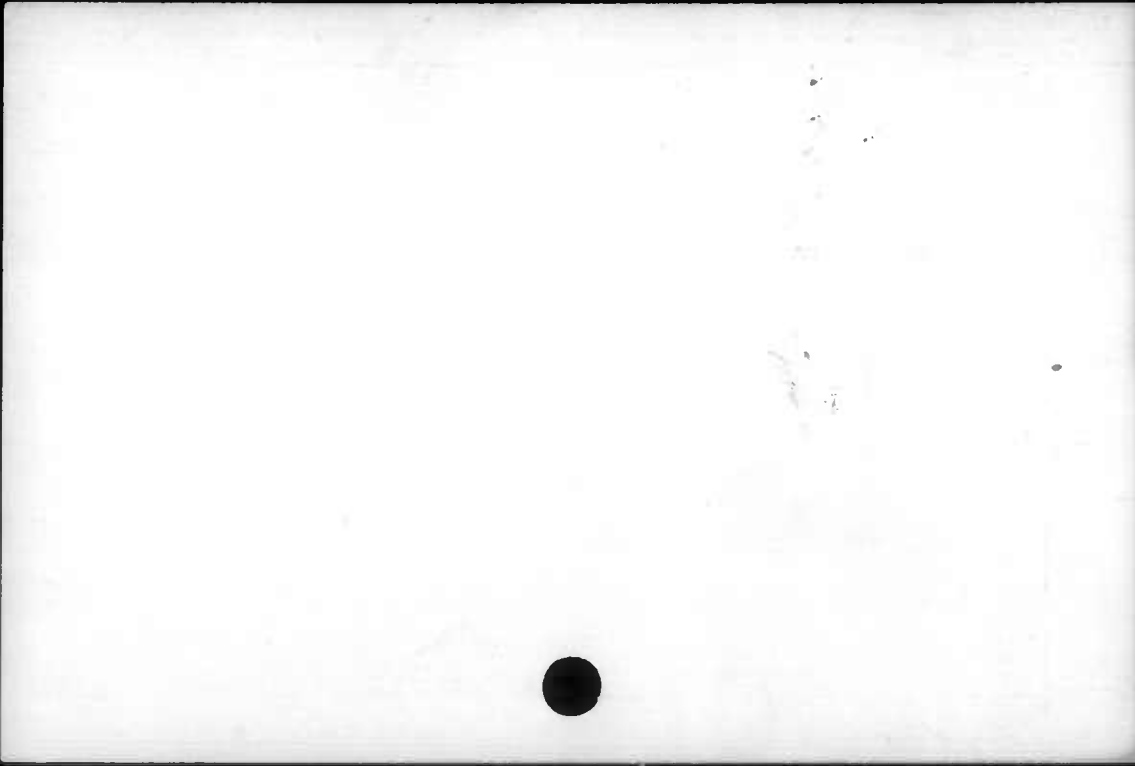
Signature of
Physician

Charles H. Hamours

Address

Street Po
Ind.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John Emrich* County *Harford*

Town *Jarrettsville*

Died at *Jarrettsville*

Date of death *1909* Month *April* Day *15* Age *71* Years Months *2* Days *14*

Sex *Male* Color or Race *White* Birth-place *unknown*

Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Widower* Name of Wife or ~~Husband~~ *Catharine Hess*

Father's Name *Henry Emrich* Father's Birthplace *Germany*

Mother's Maiden Name *Klick* Mother's Birthplace *" "*

Name of person giving information *Henry Emrich* How related to deceased *son*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

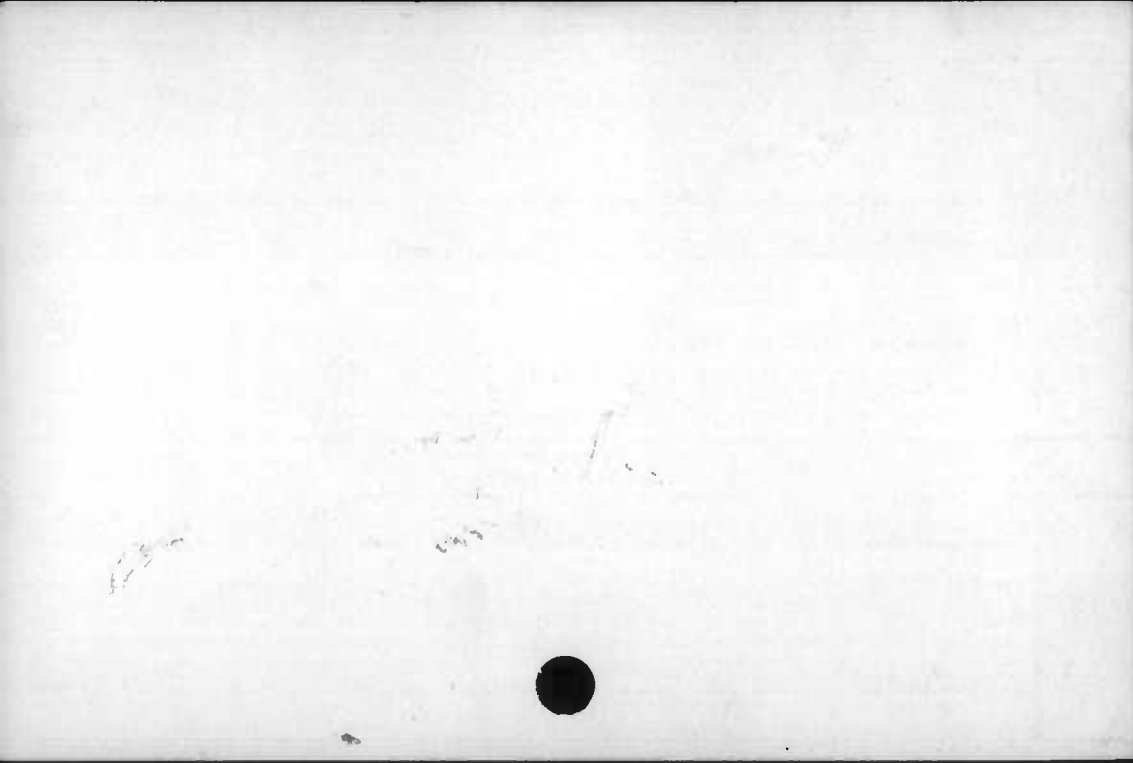
Primary *Gastritis with* How long *5 months*

Immediate *Bronchitis & Kidney* How long *5 months*

Are the name, age, sex, color, date and place correctly given above? *Compliment* Signature of *J. J. Janner*

Address *White Hall*

Accident or Suicide? *Ma*



Name
in
Full

William Graston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Forest Hill Maryland

Date of death 1909 Apr 6 Age 24

Sex Male Color or Race White Birth-place Ind.

Occupation Minner Where Residing if not at place of death Forest Hill

Married, Single or Widowed Nama of Wife or Husband Mary Barnes

Father's Nama Martin Graston Father's Birthplace Ind.

Mother's Maiden Nama Hannah Lee Mother's Birthplace Ind.

Name of parson giving Information Jennie Graston How related to deceased Daughter

CAUSES OF DEATH

154

Primary Old Age How long

Immediate " How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician T. P. Armstrong

Address Forest Hill Ind

Accident or Suicide

13



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at <i>Horn & Groe</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>21</i>	Age <i>58</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Merchant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hennetta Hamburger</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Sahma Hamburger</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

50

Primary *diatoms*

How long	8 yrs
How long	

Immediate . 10

Are the name, age, sex, color, date
and place correctly given above?

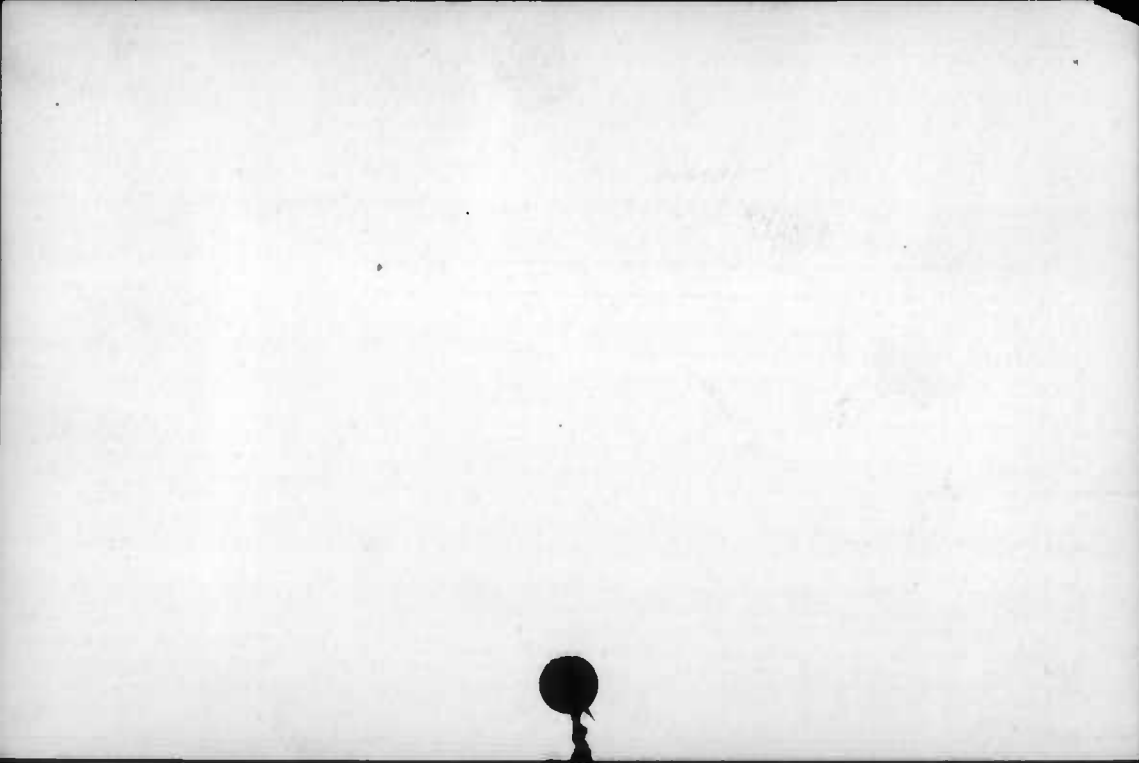
e?
e? *Yes*

Signature of Physician _____

Address

of *Woodward*
address *Haver de Grae*

Accident or Suicide?



Name
in
Full

Hazzard Harris Jr.

CERTIFICATE OF DEATH

Died at *Boole* Town*Harford* County

MARYLAND

Date of death *1909* Month *apr.*Day *27*Age *21* YearsMonths *5*Days *28*Sex *Male*Color or Race *colored*Birth-place *Harford Co.*Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Julia Harris*Father's Name *Hazzard Harris Sr.*Father's Birthplace *Harford Co.*Mother's Maiden Name *Cassandra Delark*Mother's Birthplace *Harford Co.*Name of person giving information *Hazzard Harris Sr.*How related to deceased *Father*

CAUSES OF DEATH

27

Primary

How long

Immediate *Pulmonary Tuberculosis*How long *6 mo.*

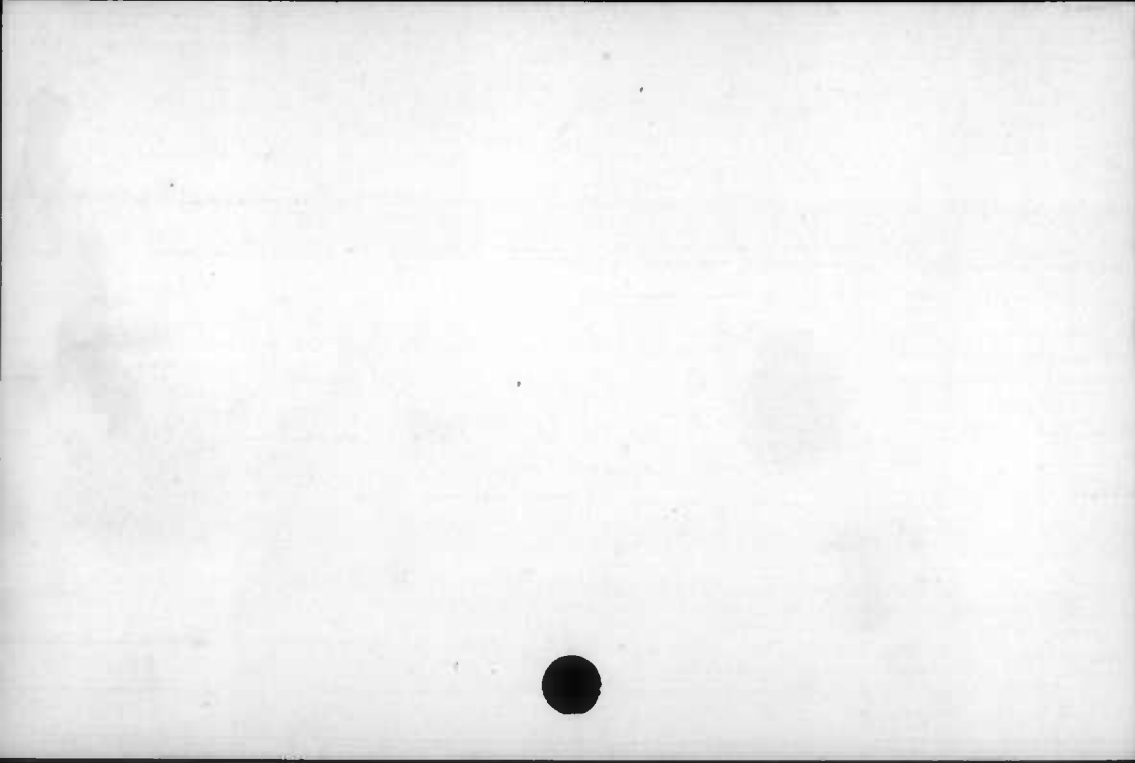
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Tobias*Address *Darlington**Md.*

Accident or Suicide?



Name in Full Annia Holland		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Black Horse ^{Town}		Harford ^{County}
	Date of death 1909 April 4		Age about 55 years
	Sex Female	Color or Race Colored	Birth-place Maryland
	Occupation Servant-		Where Residing if not at place of death —
	Married, Single or Widowed Single	Name of Wife or Husband none	
	Father's Name George Hollands	Father's Birthplace Africa	
	Mother's Maiden Name unknown	Mother's Birthplace unknown	
Name of person giving information Clinton Sumner		How related to deceased none	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	How long 6 days	(93)
	Immediate Pneumonia	How long 6 days	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. Millard Stirling	
		Address Shane, Md.	
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Wesley Hooper* X
 Died at *Carsons Run* Town *Harford* County
 MARYLAND

Date of death *1909* Month *Apr* Day *17* Age *58* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Not Known*

Occupation *Farmer* Where Residing if not at place of death *Carsons Run*

Married, ~~Single~~ *Single* Name of Wife or Husband

Father's Name *Sturn Hooper* Father's Birthplace *Not Known*

Mother's Maiden Name *Annis Hall* Mother's Birthplace *Not Known*

Name of person giving Information *Olga Hooper* How related to deceased *wife*

CAUSES OF DEATH

Fractured rib caused by falling tree under which he was caught.
 Primery *Suasion* How long *2 weeks*

Immediate *Pneumonia* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Jas. H. Kennedy*

Address *Abandon, Md*

Accident or ~~Swindle~~

Our Gallery

Name
in
Full

Annie Howlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

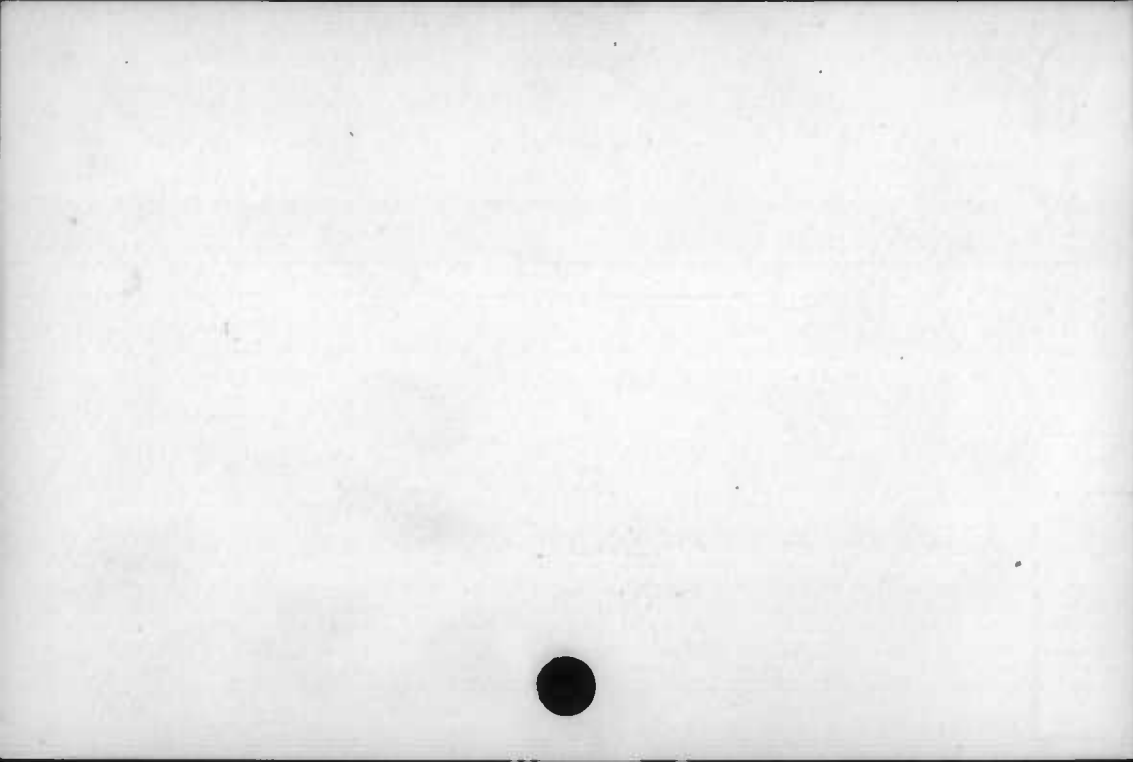
Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>21</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Home work</i>		Where Residing if not at place of death <i>H. de Grace</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Richard Howlett</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Geo. Howlett</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>3 mo</i>
Immediate <i>Hyperstatic Pneumonia</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. W. Steiger</i>
	Address <i>Harre de Grace</i>
	<i>MD</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

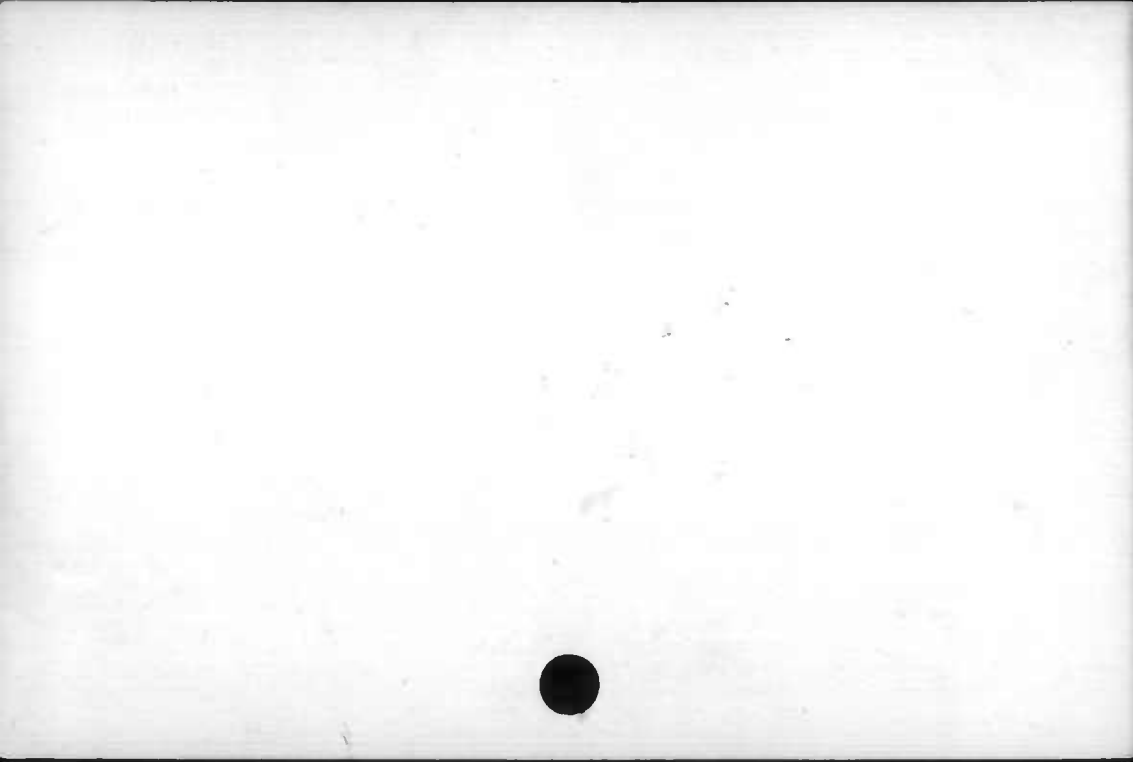
Died at		Town <i>Cambridge</i>		County <i>Harford</i>		STATE MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		4	15	52			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>			
Occupation <i>Housekeeping</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband <i>Thos Hughes</i>			
Father's Name <i>Samuel Morrison</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Julia a Magua</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Thos Hughes</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

59

PHYSICIAN
OR CORONER

Primary	<i>Apnum Stabik</i>	How long	<i>5 yr</i>
Immediate	<i>atrophy of Stent</i>	How long	<i>17 yr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William Ramsay</i>	
<i>Yes</i>		Address <i>Delta Pa</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

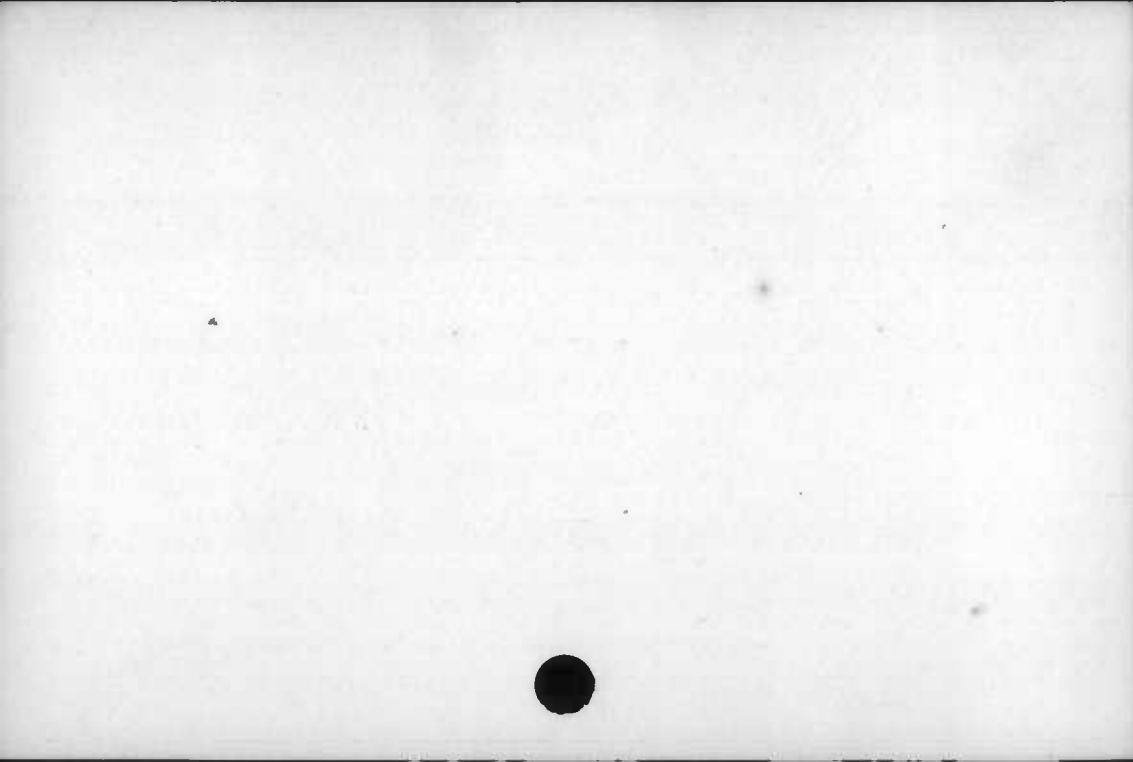
Died at <i>Harrod House</i> <small>Town</small> <i>Harford</i> <small>County</small>			
Date of death <i>1909 April 6</i> <small>Month Day</small>	Age <i>24</i> <small>Years</small>	<i>55</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Principio Md</i>	
Occupation <i>Mechanic</i>	Where Residing if not at place of death <i>Wilmington Del</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Quigley</i>		
Father's Name <i>George W. Jackson</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Annie Ward</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Annie Jackson</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Tuber Pneumonia</i>	How long <i>87 Days</i>
Immediate <i>Broken Compensation</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Steyer</i>
	Address <i>Harrod House</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob McKinley Johnson* **County** *Harford* **Town** *Bush chapel*

Died at *Bush chapel* **Month** *Apr* **Day** *20* **Age** *7* **Years** *—* **Months** *—* **Days** *—*

Date of death *1909* **Sex** *Male* **Color or Race** *Black* **Birth-place** *Swan creek*

Occupation *Non* **Where Residing if not at place of death** *Bush chapel*

Married, Single or Widowed *Single* **Name of Wife or Husband** *—*

Father's Name *Jacob S Johnson* **Father's Birthplace** *Not Known*

Mother's Maiden Name *Katie S Brown* **Mother's Birthplace** *Not Known*

Name of person giving Information *Robert B Johnson* **How related to deceased** *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

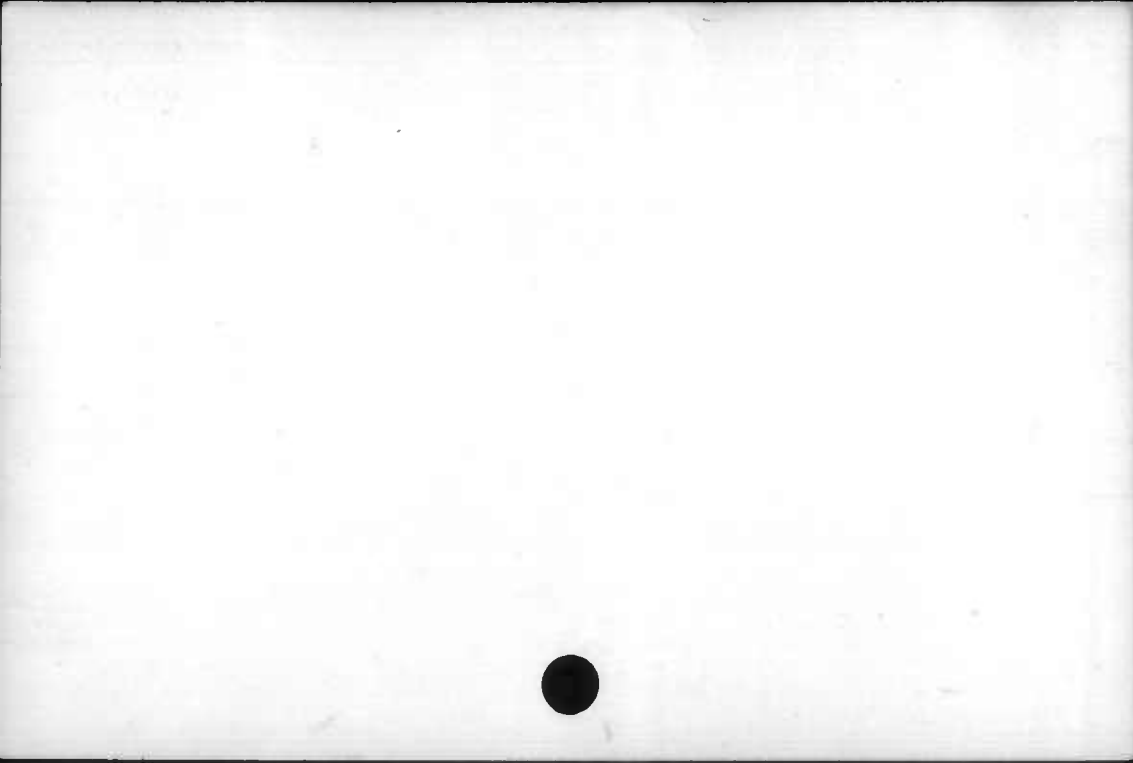
Primary *Tuberculosis* **How long** *2 or 3 Years*

Immediate *Exhaustion* **How long** *3 mo*

Are the name, age, sex, color, date and place correctly given above? *yes* **Signature of Physician** *Jas H Kennedy*

Address *abundum md*

Accident or Suicide *—*



Name
in
Full

Charles Kell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>High Point</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1909</i> Year	<i>April</i> Month	<i>13</i> Day	Age <i>49</i> Years	<i>unknown</i> Months
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Harford Co.</i>			
Occupation <i>Farm Hand</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Florence Murray</i>				
Father's Name <i>Charles Fisher</i>	Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Martha Kell</i>	Mother's Birthplace <i>Harford Co.</i>				
Name of person giving information <i>Florence Murray Kell</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>Several years</i>
Immediate <i>Anasarca</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. E. Rigdon M.D.</i>
<i>Age uncertain</i>	Address <i>Jarrettsville Ind.</i>
Accident or Suicide?	

Fairview Church

Name

in Full

Vesta B. A. Clair

CERTIFICATE OF DEATH

Town

County

Died at

Harre de Grace Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 April

6

Age

69

4

-

Sex

Female

Color or Race

White

Birth-place

Harford Co.

Occupation

Housewife

Where Residing if not at place of death

H. de Grace

Married, Single or Widowed

Married

Name of Wife or Husband

Pearson H. Clair

Father's Name

James H. Baldwin

Father's Birthplace

Harford Co.

Mother's Maiden Name

Sarah Forsythe

Mother's Birthplace

Harford Co.

Name of person giving information

Mrs William Saunders

How related to deceased

Daughter

CAUSES OF DEATH

93

Primary

Diabetes

How long

3 yrs

Immediate

Pneumonia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

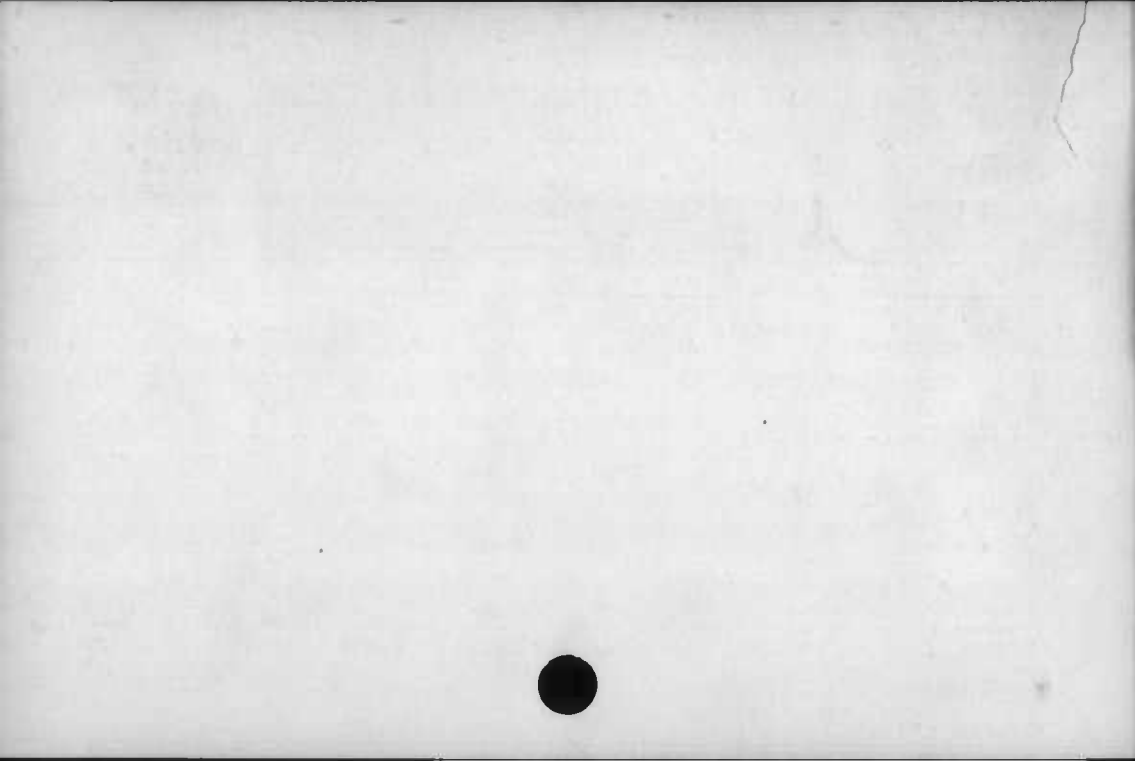
Signature of Physician

Address

J. H. Woodward
Harre de Grace
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jennie L. Lagan

Died at near Belair

Town

Harford Co.

County

MARYLAND

Date of death 1909 April

Month

Day 8-

Age 47

Years

Months - 6

Days

Sex Female

Color or Race

White

Birth-place

Baltimore City

Occupation

House Wife

Where Residing if not at place of death

~~Married~~ Single or Widowed

Name of Wife or Husband

Father's Name

Peter Burns

Father's Birthplace

Ireland

Mother's Maiden Name

Alice Reynolds

Mother's Birthplace

Ireland

Name of person giving information

Sarah Kelley

How related to deceased

Sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

7 years +

Immediate

Asthma

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Bernell D. Hapking

Address

Bel Air

Accident or Suicide?

Long Brown

Name
In
Full

Theresa E. Loomis

CERTIFICATE OF DEATH

Died at		Town Bellevue		County Stafford		MARYLAND	
Date of death		1909	Month 4	Day 9	Age 2	Years	Months Days
Sex	female		Color or Race	white		Birth-place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			J. Edward Loomis			Father's Birthplace	
Mother's Maiden Name			Annie Grimes			Mother's Birthplace	
Name of person giving information			Edward Loomis			How related to deceased	
			Father				

CAUSES OF DEATH

179

PHYSICIAN OR CORONER	Primary	Unknown		How long
	Immediate			How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
			Address	
	Accident or Suicide?			

F. Lee Hughes
Bel Air
md.

La Grange

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

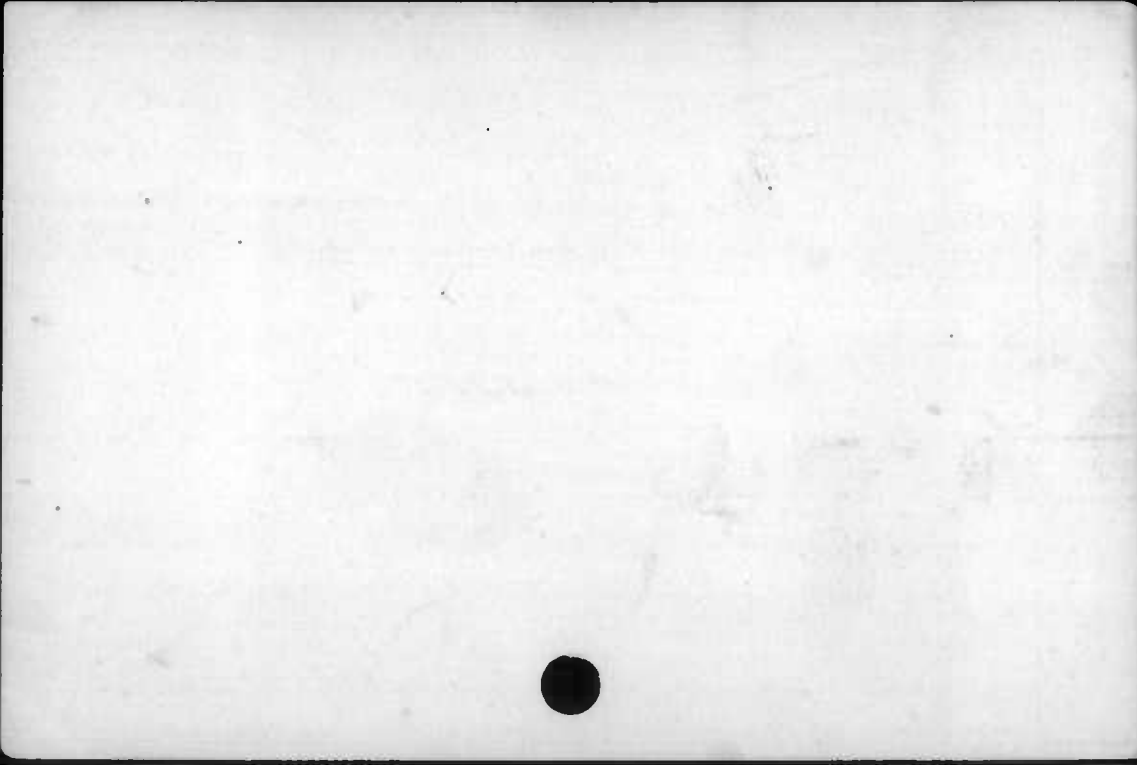
Died at <i>Shanville</i> Town <i>Sytle</i> County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>13</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>4 days</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>		
Father's Name <i>J. Frank Sytle</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Anna Webb</i>	Mother's Birthplace <i>Miss.</i>		
Name of person giving information <i>Anna Sytle</i>	How related to deceased <i>mother</i>		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	<i>Tetanus Monotonum</i>	How long	<i>Two days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Miller & Stirling</i>	
		Address <i>Shanville</i>	
Accident or Suicide? <i>—</i>		<i>md</i>	



Name
in
Full

Minnie McAllister *

CERTIFICATE OF DEATH

Died at ^{Town} Whiteford - Md. ^{County} Harford.

MARYLAND

Date of death 1909. ^{Month} April. ^{Day} 4. ^{Years} Age 42 Years ^{Months} Six ^{Days} 25

Sex Female. Color or Race White. Birth-place Maryland.

Occupation Housewife - Where Residing if not at place of death Whiteford - Md.

Married, Single or Widowed Married. Name of Wife or Husband Alonzo McAllister.

Father's Name Samuel J. Nelson Father's Birthplace Virginia

Mother's Maiden Name Sarah A. ~~Witson~~ Jordan Mother's Birthplace West Va.

Name of person giving information Alonzo McAllister How related to deceased Husband

CAUSES OF DEATH

136

Primary Prolonged Difficult Labor. How long 10 hours -

Immediate Internal Hemorrhage. How long 2 hours.

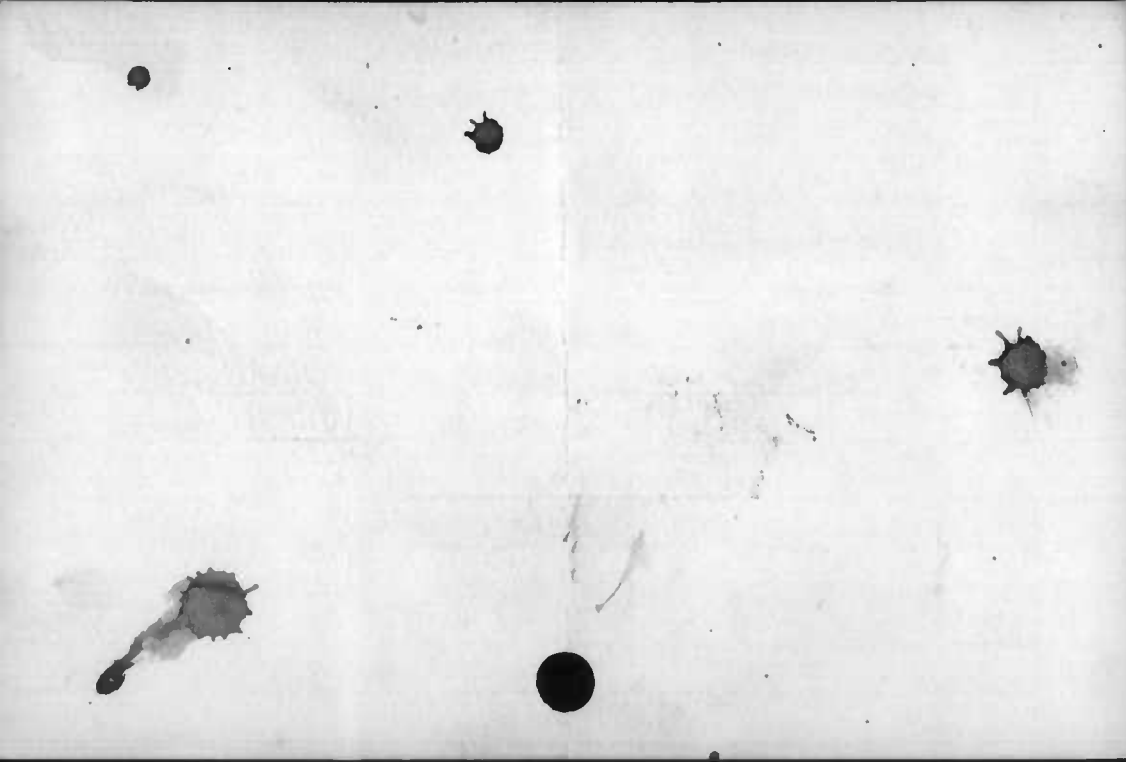
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Vallie Hawkins.

Address Fawn Groof - Pa.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William A Mcbomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

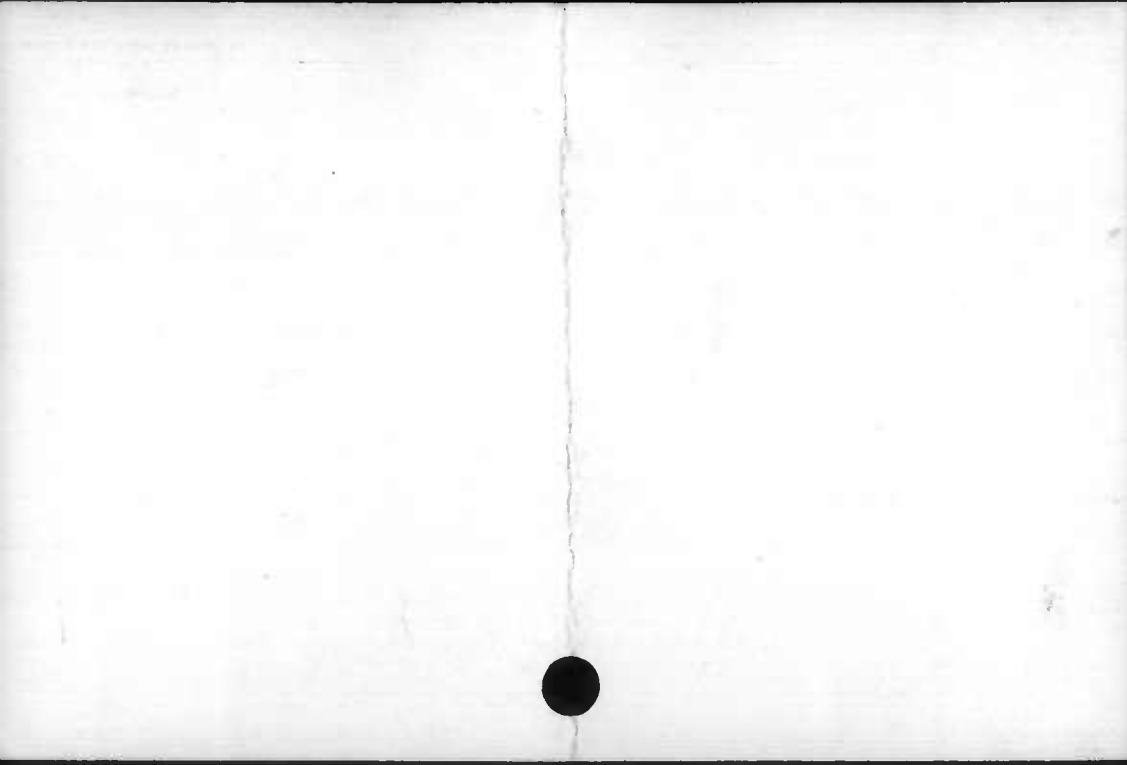
Died at		Town Abingdon		County Haynes		MARYLAND			
Date of death		190	9	Month 04	Day 4	Age 70	Years —	Months —	Days —
Sex Male		Color or Race White		Birth- place Md					
Occupation Cabinetmaker				Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Alice V Mcbomas			
Father's Name		John L Mcbomas				Father's Birthplace		Md	
Mother's Maiden Name		Anna Hunter				Mother's Birthplace		Md	
Name of person giving Information		Howard K Mcbomas				How related to deceased		Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	Instant
Immediate	Paralysis & exhaustion	How long	10 days
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		J. A. Callahan	
Address		Balsamp	
Accident or Suicida		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

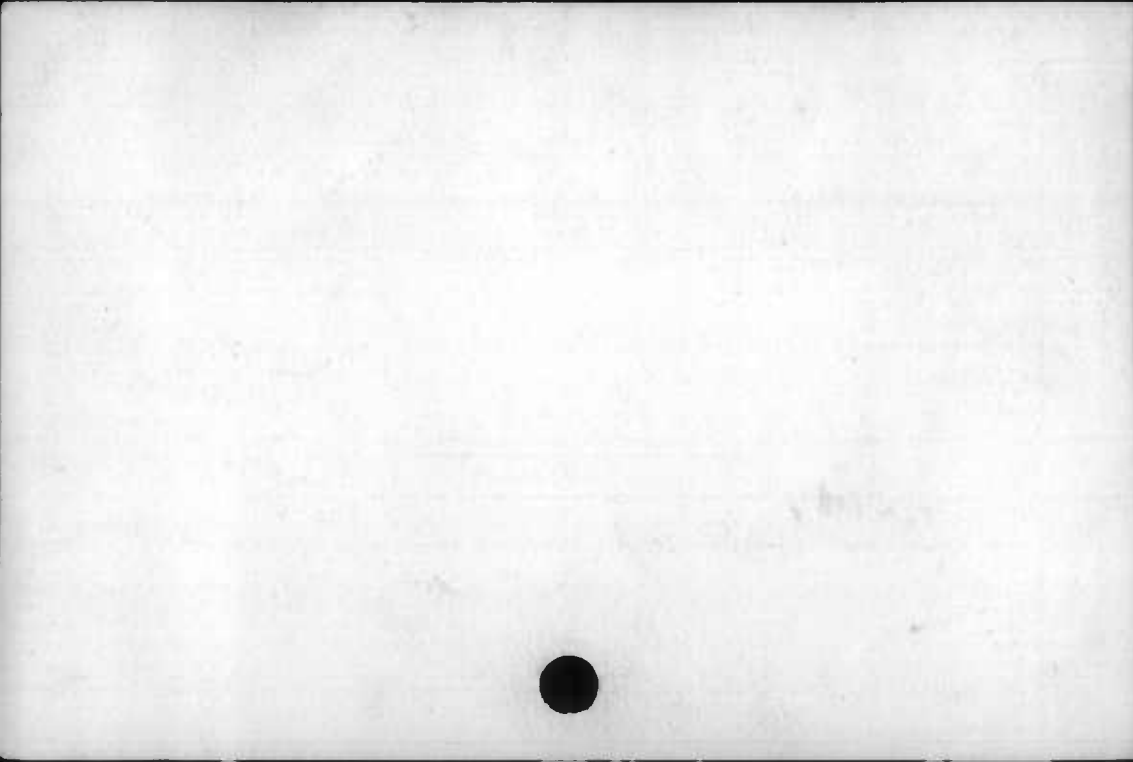
Name in Full <i>Annie Elizabeth Mason</i>		Town <i>Garrettsville</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Garrettsville</i>		Month <i>Apr</i>		Day <i>12</i>		Year <i>1909</i>	
Date of death <i>1909 Apr 12</i>		Age <i>65</i>		Months <i>0</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Benjamin L Mason</i>					
Father's Name <i>Thomas B. Devoe</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary A Lytle</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Edward Mason</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>18 hours</i>
Immediate	<i>Heart Failure</i>	How long	<i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley</i>	
		Address <i>Garrettsville Ind</i>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Harre de Grace* ^{Town}*Harford* ^{County}

Date

of death *1909*

Month

April

Day

21

Age

Year

—

Months

6

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Harre de Grace*

Occupation

*none*Where Residing if not
at place of death*" " "*Married, Single
or WidowedName of Wife or
Husband*none*Father's
Name*Robert Mason*Father's
Birthplace*Balto.*Mother's
Maiden Name*Barrie Barner*Mother's
Birthplace*Harre de Grace*Name of person giving
Information*Robert Mason*How related
to deceased*Father*

CAUSES OF DEATH

150

Primary

Hydrocephalus

How long

6 weeks

Immediate

Exhaustion

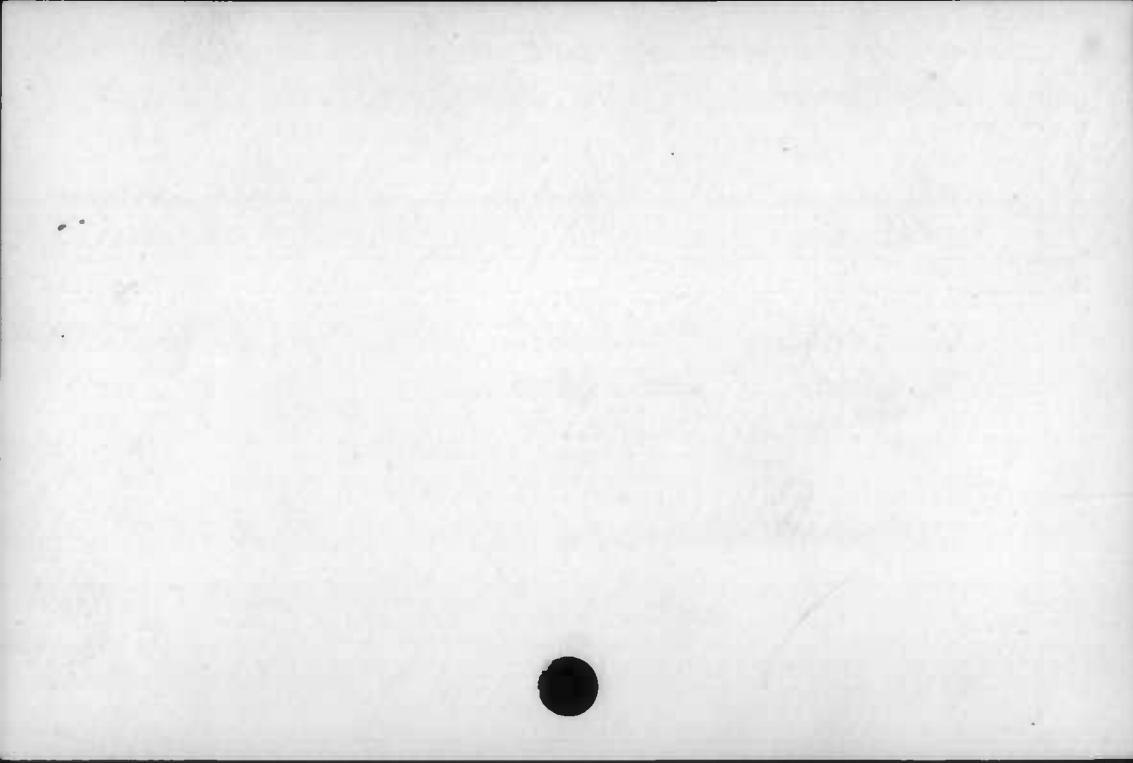
How long

*1 1/2 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. W. Senior*

Address

*Harre de Grace**MD*

Accident or Suicide?



Name
in
Full

Geo. Marven Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

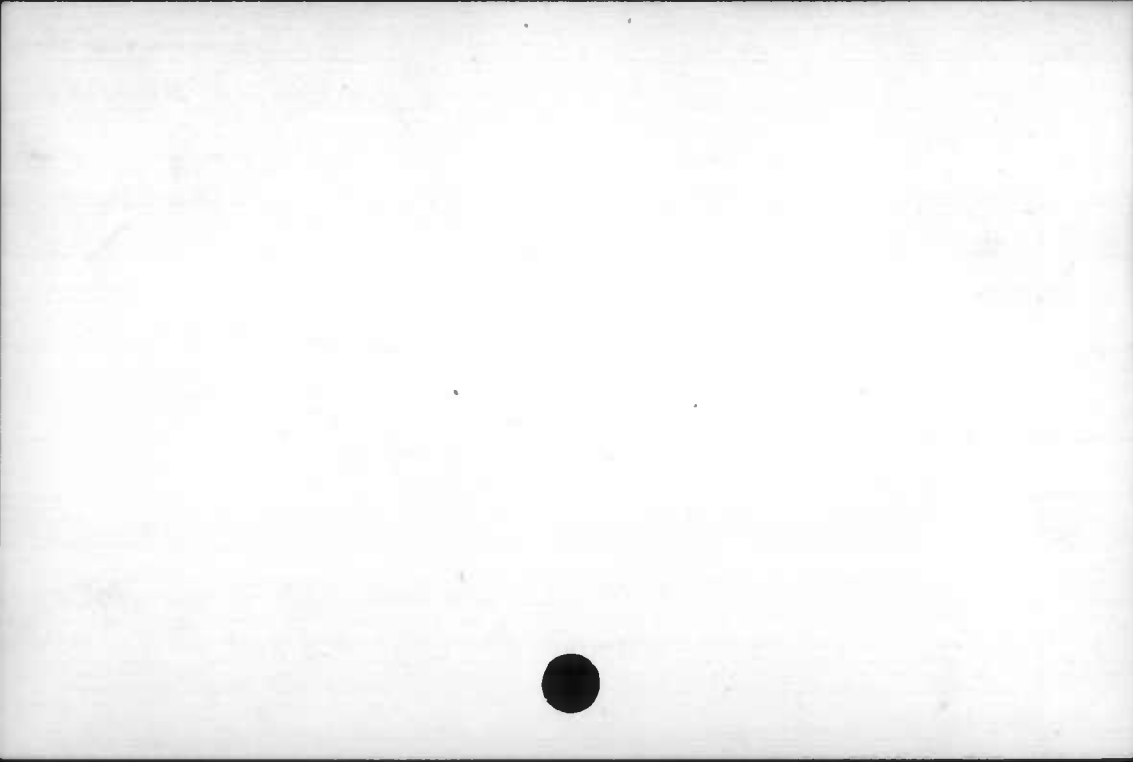
Died at <u>West Grove</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Apr	Day	7
Age	68	Years		Months	
Sex	male	Color or Race	white	Birth-place	Perryman
Occupation	Farmer	Where Residing if not at place of death		West Grove	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Sylvester Mitchell	Father's Birthplace		Near Aberdeen	
Mother's Maiden Name	Sarah A. Gassen	Mother's Birthplace		not known	
Name of person giving Information	John Mitchell	How related to deceased		Bro	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	4 wks
Immediate	4	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Ther	
Address		Perryman Md.	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary C. Moran</i>		Town <i>Fulford</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>Apr</i>		Day <i>13</i>		Years <i>70</i>	
Date of death <i>1909</i>		Month <i>Apr</i>		Day <i>13</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months <i>4</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Fulford Ind.</i>		Days <i>22</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Richard F. Moran</i>		Father's Name <i>Samuel Hubbard</i>		Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Mary Love</i>		Mother's Birthplace <i>Ind.</i>		Name of person giving Information <i>Robert H. Moran</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Apnea and Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Belcamp Md.</i>
Accident or Suicide <i>No</i>	

Mount Zion

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vale</i> Town		County <i>Stearns</i>		MARYLAND	
Date of death	1909	Month	Apr	Day	23
Age	Years		Months		Days
Sex	<i>male</i>		Color or Race	<i>Black</i>	
Birth-place	<i>Md.</i>				
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Nathan Morgan</i>			Father's Birthplace	<i>Penn.</i>
Mother's Maiden Name	<i>Sarah James</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Nathan Morgan</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

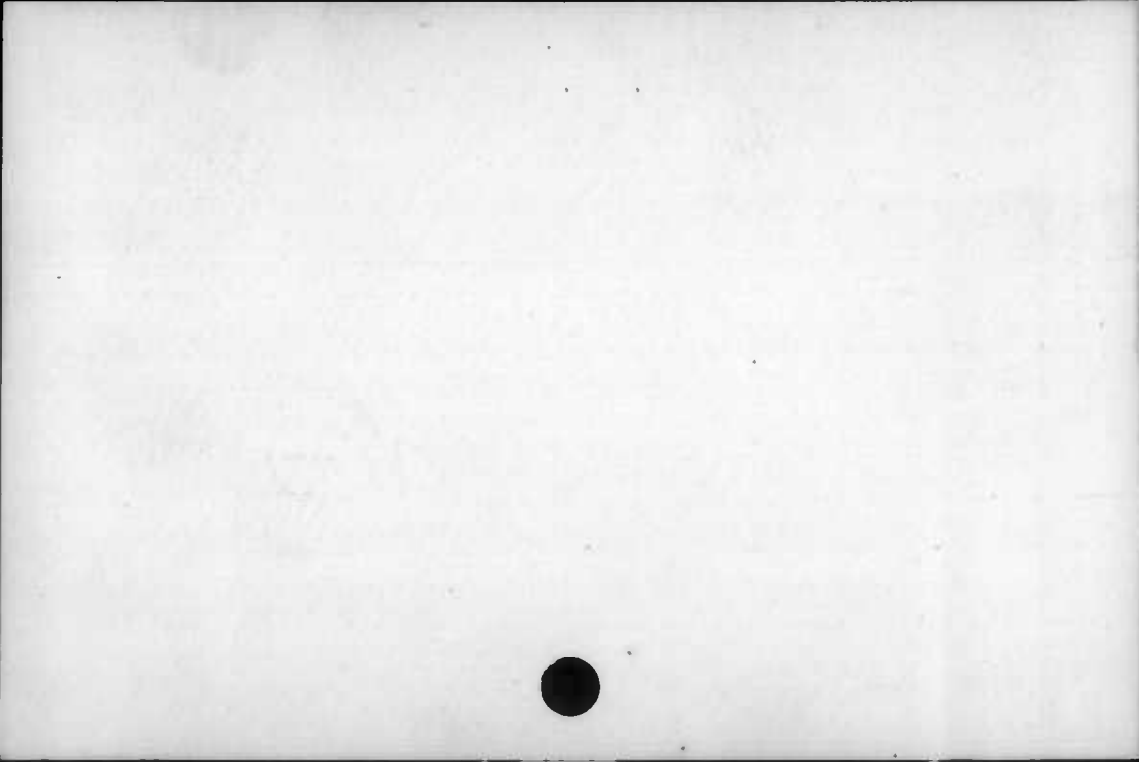
151

PHYSICIAN
OR CORONER

Primary	<i>Atelectasis</i>	How long	<i>2 days</i>
Immediate	<i>asphyxia</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>A. F. Van Z. [Signature]</i>
		Address	<i>Bel Air Md.</i>
Accident or Suicide?	<i>No</i>		

Hudson Hill

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Harrods Trace</i> <small>Town</small>		<i>Harford</i> <small>County</small>	
		Date of death <i>1909</i> <small>Month</small> <i>April</i> <small>Day</small> <i>20</i>		Age <i>—</i> <small>Years</small> <i>11</i> <small>Months</small> <i>29</i> <small>Days</small>	
		Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Harrods Trace</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>" " "</i>	
		Married, Single or Widowed	Name of Wife or Husband <i>None</i>		
		Father's Name <i>Sylvester Quarles</i>	Father's Birthplace <i>Virginia</i>		
		Mother's Maiden Name <i>Elie Peace</i>	Mother's Birthplace <i>Harrods Trace</i>		
Name of person giving information <i>Sarah E Peace</i>		How related to deceased <i>Grandmother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>3 mo</i>
	Immediate	<i>Exhaustion</i>		How long	<i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. N. Steyer</i>		
			Address <i>Harrods Trace Md</i>		
	Accident or Suicide?				



Name
in
Full

Mary Foreman Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cousins</i>		County <i>Kearney</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>10</i>	Age <i>71</i>	Months <i>1</i>	Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Philadelphia Pa.</i>			
Occupation <i>House work</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Robert H. Robinson</i>					
Father's Name <i>Francis Toram</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Mary Baitzel</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving Information <i>Joseph Foreman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>1 year</i>
Immediate	<i>Bronchitis, Coma</i>	How long	<i>4 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. H. Smith</i>	
		Address <i>Abideen. Md.</i>	
Accident or Suicide _____			

B. 2

Name
in
Full

Agnes Ross

CERTIFICATE OF DEATH

Died at ^{Town} Allibone^{County} Harford

MARYLAND

Date
of death 1909Month
4Day
28Age
3

Years

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Harford Co.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Silas Ross

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Adah Wondus

Mother's
Birthplace

Harford Co.

Name of person giving
Information

Robt. Ross

How related
to deceased

Cousin

CAUSES OF DEATH

50

Primary

How long

Immediate

Diabetes Mellitis

How long

2 mos.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

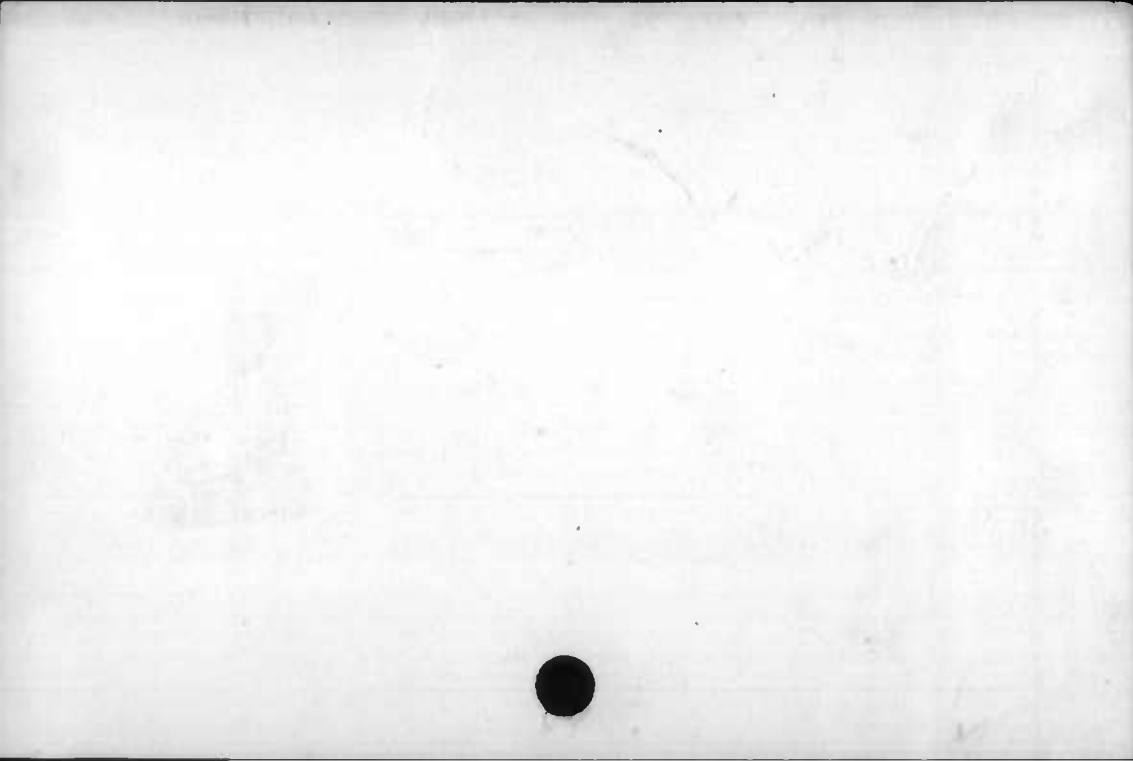
F. Lee Hughes

Address

Bel Air, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

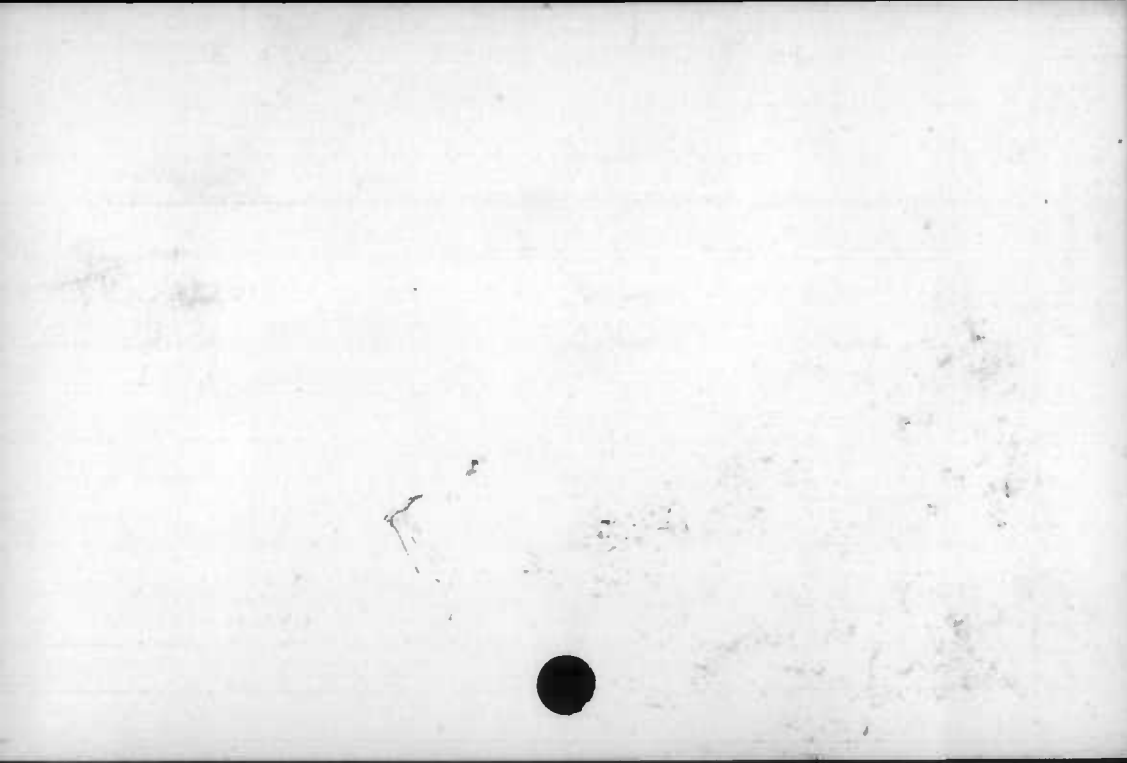
Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>apr</i>	<i>7</i>	<i>75</i>		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily Smith</i>				
Father's Name <i>Joseph. Smith</i>	Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving Information <i>Joseph H Smith</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH					
Primary <i>Cerebral Thromboses</i>			How long		
Immediate <i>Chlamydia</i>			How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

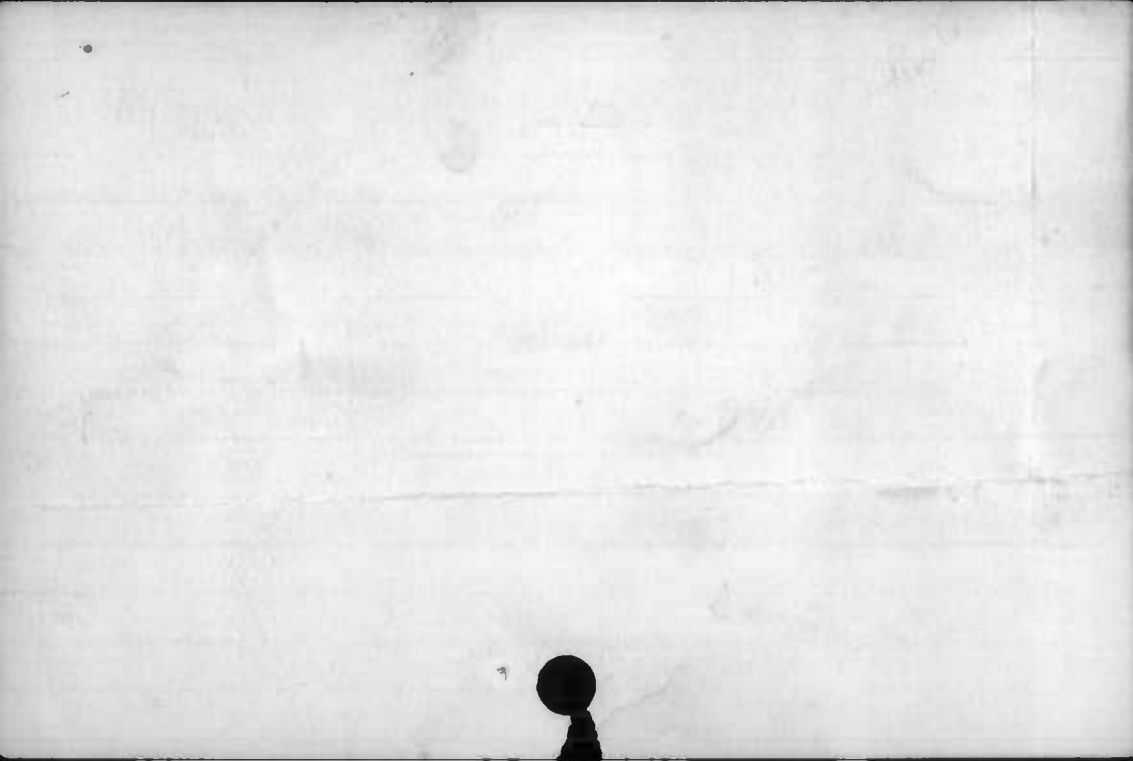
Address

Accident or Suicida

Robert S. Page
Bel Air

Mountain

Name in Full		Mary Ann Svenson				X		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Tappa</i>		Town <i>near</i>		County <i>Harford</i>		MARYLAND	
		Date of death <i>1909</i>		Month <i>April</i>		Day <i>16</i>		Age <i>49</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baet? Co Md</i>		Months <i>—</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>		Years <i>—</i>		Days <i>—</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Svenson</i>		Father's Name <i>Henry Schilder</i>		Father's Birthplace <i>Germany</i>	
		Mother's Maiden Name <i>Does know</i>		Mother's Birthplace <i>" "</i>		Name of person giving information <i>Ino Svenson</i>		How related to deceased <i>Husband.</i>	
		Name of person giving information <i>Ino Svenson</i>		How related to deceased <i>Husband.</i>		120			
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary <i>Chronic Bright's Disease</i>				How long <i>Several years</i>			
		Immediate <i>Uremia poisoning (Coma)</i>				How long <i>2 days.</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>W. H. Reyer</i>			
		Address <i>Tappa Md</i>							
Accident or Suicide? <i>No</i>									



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

County

MARYLAND

Months

Days

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information /

How related
to deceased

CAUSES OF DEATH

104

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician _____

Address

Accident or Suicide?



Name
in
Full

Alfred Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

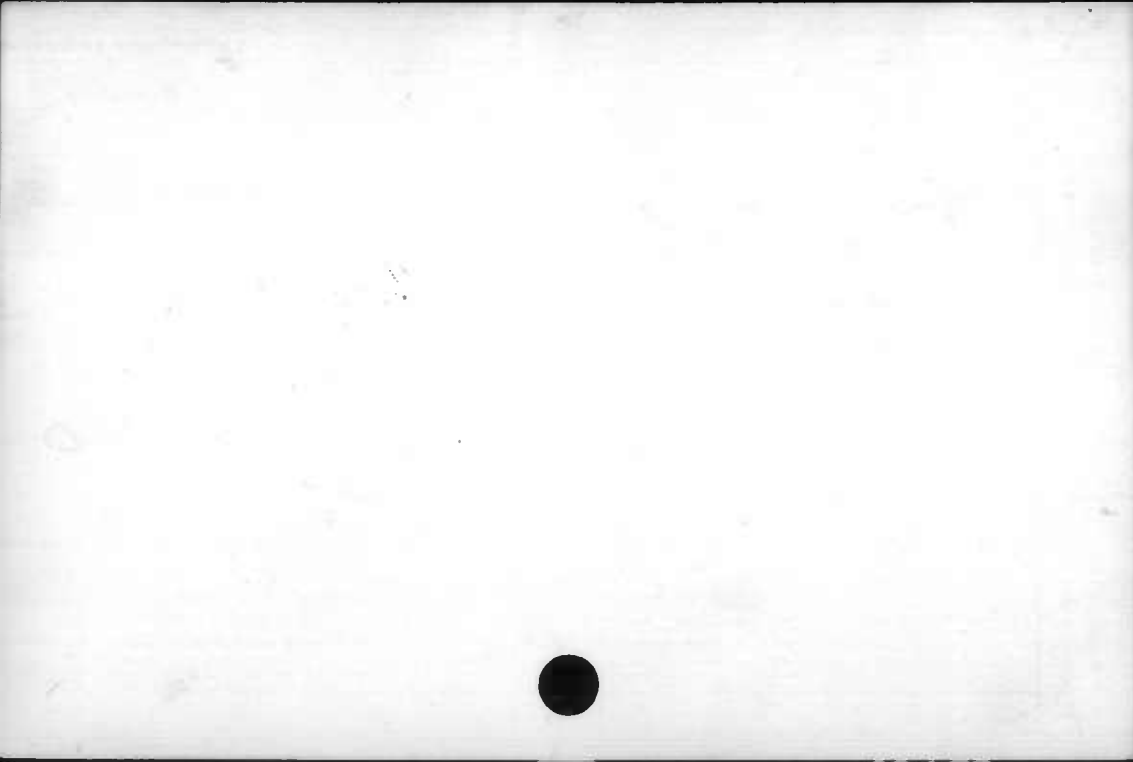
Died at <i>Trosper</i> Town		<i>Harford Co</i> County		MARYLAND	
Date of death 190 <i>9</i> Month <i>4</i> Day <i>5</i>	Age <i>61</i> Years		Months <i>10</i>	Days <i>23</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lancaster Co</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Martha Thomas</i>				
Father's Name <i>Amos Thomas</i>	Father's Birthplace <i>Lancaster Co</i>				
Mother's Maiden Name <i>May Ritz</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Martha S Thomas</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

64

Primary <i>Paralysis</i>	How long <i>2 years</i>
Immediate <i>Apoplexy</i>	How long <i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Ramsay</i>
	Address <i>Dealia York Co Pa</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Ann Jane Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buck House farm near Abudon</i>		County <i>Hampden</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Apr</i>	Day <i>14</i>	Age <i>66</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hampden, Maine</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife Husband <i>James Thompson</i>				
Father's Name <i>Geo Cullen</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Hannah Walker</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Amie Long</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Insanity</i>	How long <i>About 2 years</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas H. Krite</i>
	Address <i>Abudon, Ind.</i>
Accident or Suicide <i>—</i>	

Calvary

Name
in
Full

Mary Catharine Vanhorn

CERTIFICATE OF DEATH

Died at ^{Town} Upper X Roads ^{County} Harford MARYLANDDate of death 1909 ^{Month} April ^{Day} 12th Age ^{Years} 74 ^{Months} 11 ^{Days} 17

Sex Female Color or Race white Birth-place Md.

Occupation Housekeeping Where Residing if not at place of death Maryland

Married, Single or Widowed Name of Wife or Husband

Father's Name Joshua Amoss Father's Birthplace Md.

Mother's Maiden Name Catharine Louison Mother's Birthplace Md.

Name of person giving information Margaret McIlwain How related to deceased Niece

CAUSES OF DEATH

Primary Pneumonia How long one week

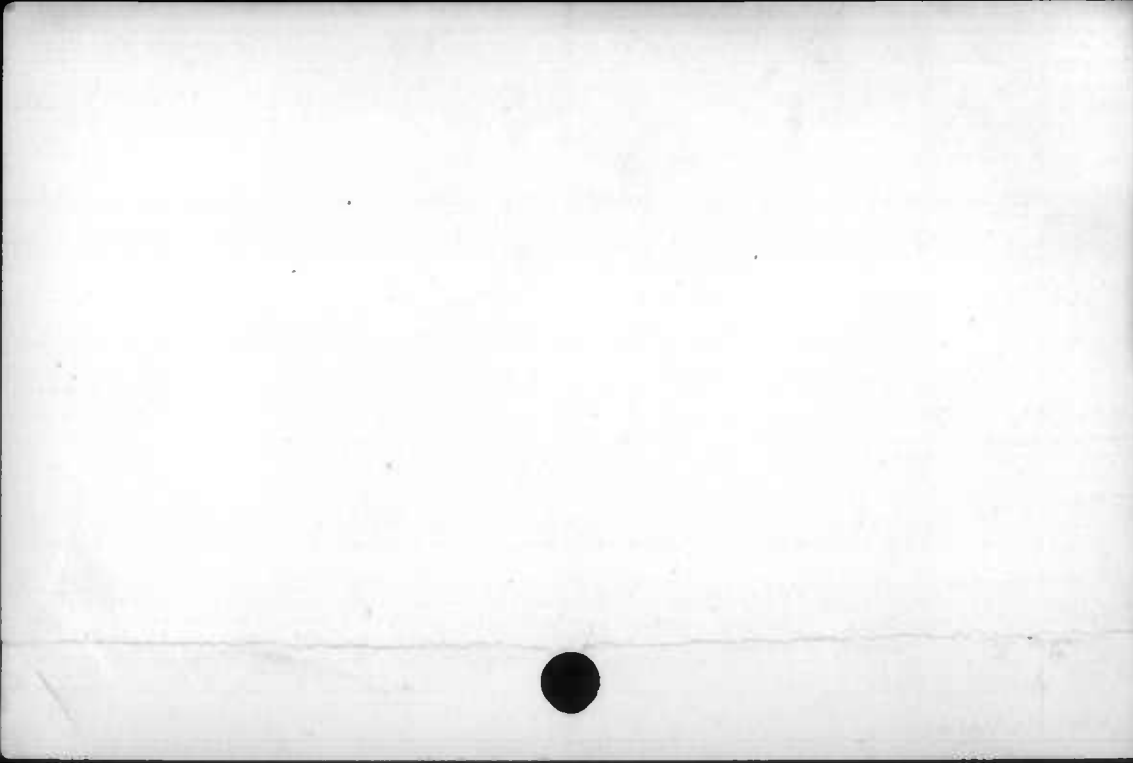
Immediate Heart Disease How long not known

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John A. Green

Address Esittings Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Samuel G. Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Whitford ^{Town} Hopford ^{County} MARYLAND

Date of death 1909 ^{Month} Apr. ^{Day} 5- Age 60 ^{Years} — ^{Months} — ^{Days} 19

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death —

Married, ~~Single~~ or Widowed Name of Wife or Husband E. Louisa Wallace

Father's Name Archibald Wallace Father's Birthplace Not Known

Mother's Maiden Name Sarah J. Neff Mother's Birthplace Ind

Name of person giving Information Andy Wallace How related to deceased Son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 10 days

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician C. Charles W. Farnsworth Address Street

Accident or Suicide Ind

Slate Ridge

April 9-09

Name
in
Full

Not Known

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		near ^{Town} Edgewood		^{County} Harford		MARYLAND	
Date of death		1909	Month April	Day 8	Years About 35	Months	Days
Sex		Male		Color or Race		White	
Birth-place		Not Known					
Occupation				Where Residing if not at place of death			
Supposed Lib - Tramp				Not Known			
Married, Single or Widowed		Not Known		Name of Wife or Husband		Not Known	
Father's Name				Not Known			
Father's Birthplace				Not Known			
Mother's Maiden Name				Not Known			
Mother's Birthplace				Not Known			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

172

Primary Drowned in Winter run

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Geo M Hardy

Address

Edgewood Coroner md

Accident or Suicide

